MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12227 CERTIFICATE OF DEATH 221

1. PLACE OF DEATH					2. USUAL RESID	ENCE (Whe	re deceased lived	, If institution: R	esidence befo	re admission
a. COUNTY	Baltimore		MAR	YLAND	a. STATE Mar	vland	b. CC	Balt	imore	
b. CITY OR TOWN (if		its,	c. LENGTH OF ST	and the same of the same of		-	corporete limits, v	vrite RURAL end	give neerest	town)
Towson	give neerest town)	-			X :	Towson				
d. NAME OF HOSPIT	AL OR INSTITUTION	if not in hospit	el, give street add	dress)	d. STREET ADDR	ESS				RESIDENCE
409 Range	Road				409 Ren	ge Roa	đ			NO K
3. NAME OF DECEASED	First		Middle		Last	4. DA	TE M	onth	Day 1	(eer
(Type or print)	EVELYN HE	EWETT A	CKROYD					vember 2	27. 1	1961
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED B.	DATE OF BIRTH		9. AGE (In ye	ars IF UNDER 1	YEAR IF UNI	
Female	White	WIDOWED			tober 20.	1911	50 ye	111011111111111111111111111111111111111	Days Hour	s Mîn.
100. USUAL OCCUPATI	ON (Give kind of wor.		O OF BUSINESS C		11. BIRTHPLACE		e, or foreign coun	try) 12. CITI	ZEN OF WHA	T COUNTRY
Housewife	King lile, even il telite	Jaj	Own H	OMG	Mass.				USA	
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME		-		
William	Walker Hey	ett.			Hulda 1	M. Bla	eknev			
IS. WAS DECEASED EVE	R IN U.S. ARMED FOI	RCES? 16. SC	CIAL SECURITY	NO. 17. I	THAMROTH		Add	7 6 55		
(Yes, no, or unkown) (If	None	service)		Wh	teley I.	Ackrove	4 400 B	ange Rd	Tower	n Ma
The second secon	EATH Enter only one	e cause per line	o for (a), (b), and	(c).]	TOOTAL TO	next of	u = 409 20	ango rar	INTERVAL	BETWEEN
	WAS CAUSED BY	Ca	rdiac	2000	-				ONSET AN	ID DEATH
110	MMEDIATE CAUSE (+)							1.1.		
16211	DUE TO	Bro	nchogen	ic co	ercinoma etastas	of M	gar upp	er 100c	- 15	month
Conditions, if any gave rise to immedia	ete couse	-with	- diffu	se 1	retastas.	3		1000		
(a), sletting the ur	derlying DUE TO	Myo	cardial	infa	restion a	H4 104	Pricara	1773	4	monn
Cause lest.	SIGNIFICANT COND	TIONS CONT	EFFESIO	TH BUT NO	T RELATED TO THE TE	RMINAL DISE	ASE CONDITION	GIVEN IN PART	1(a) L 79. WA	S AUTOPSY
ē	JOHN CON	1110110 001111	ino in to our						PEI	RFORMED?
5	C III I COLUMN TO TO	L COL DECE	NOT HOUSE IN HILLIAN	COCCURED	(Enter nature of Injur	to Onet Los	Dark II of Item 19 1		YES L	NO N
PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING UITE EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER		GBE HOW INJUKE	CCCORED	fruier nature of min	y 111 F211 I OI	rait (i or heili to.)			
			JURY OCCURRED	1 20a PIA	CE OF INJURY (Home	farm ' 20f.	(City or town)	(Cour	ntv)	(State)
ZOc. TIME OF INJU	C) Month, poy, 10	While	Not While		ry, street, office bldg.		(10.7	,		
	19		et work	1	7 (1 -	1	44 .	4.40	**	
21. I certify if	nat (I) (this hosp	tel) attende	ed the deceas	ed from	296 t. 5	1960,	10	, 191	6L, that (I) (we) la
saw the deceas	ed alive on?	er. 21	19.61	and that	death occured a	PANY,	from the caus	es and on t		
228. SIGNATURE	1	2 -	- '		ATTENDING	/ MED.	STAFF			22b. DATE SIGNE
	1.1	ナート	Mu	M.		DIRECTO	R PHYS.	1 hi	rv. 28	1961
22c. PHYSICIAN'S NAME (Type)	5.5	. 4	iu		22d. ADDRESS	114	rford K	cad Ba	Himore	, Md.
230. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF	CEMETERY (LOCATION (City			(Stele)
REMOVAL (Specify) Burial	Nev. 29	1961	Dulanev	Valle	Memorial	Co	ckeysvil	le. Mary	vland	
24 FUNERAL DIRECTOR		, _ ,	ADDRESS				REGISTRAR 256.	REGISTRAR'S	SIGNATURE	
	s' Sons,	Towson.	Marylan	d	DAT	E DEC 1	'61	ather &	1. Thatter	

filled in by the funeral Pages 1 and 2 should TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within Z hours after deapt.

within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12228

CERTIFICATE OF DEATH 12214

7. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY
Baltimore MARYL	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Catonsville 6yrlmthloo	dys Bradbury Heights, Maryland 1625-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL	5207 Alton Street YES NOT
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Type or print) Orville Edwin	Albrecht DEATH November 21 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widowed Divorced	Oct. 2, 1900 61 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
narpenter	North Daketa U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Albrecht	Margaret T. Fried
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. INFORMANT Address
(Yes, no, or unkown) ((fyesgive werordetesof service) 579-24-8227	Records: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH (Enter only one cause per line tor (e), (b), and (c).	J INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pneumonia	ONSET AND DEATH
/ 1 CT >	
DUE TO	
Conditions, if any, which (b)	
(a), steling the underlying DUE TO	
cause lest. (c)	TO THE TO THE TRUING DESCRIPTION OF THE PART OF THE TOTAL AND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Huntington's Ch	The second second
Huntington's Cy E 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH OF CHITTEN MEDICAL EXAMINER)	CCURED. (Enter nature of injury in Pert I or Part II of item 18.)
O zou mile or many	200. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tectory, street, office bldg., etc.)
Hour a.m. p.m. Whila Not While et work et work	
21. I certify that M (this hospital) attended the deceased	from Oct. 4 1955, to NOV. 24 , 1961, that (I) (we) la
saw the deceased alive on Nov. 24 19 61 and	d that death occured at
22e. SIGNATURE AL I A	22b. DATE
Stella Wachster	M.D. PHYS. X DIRECTOR PHYS. 11-24-61
22c. PHYSICIAN'S	22d. ADDRESS SPRING CROVE STATE HOSPITAL
NAME (Type) STEELA Wachsler, M. D.	Catonsville 28, Naryland
	METERY OR CREMATORY (23d. LOCATION (City, town or county) (State)
	an Hill Suitend, Ind.
24 FUNERAL DIRECTOR'S SIGNATURE OF PLAN SADDRESS	256, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE JAMES T. RYAN, INC. Subyen 317 +	A. AVE. S. E. DATE NOV 27'61 arilar S. Kroue

O O within 24 hours after filled in hy the fund

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WITL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed at may be retained by the hospital or attending physician.

MERAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

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TO HOSTITAL OR ALLENDING FOR ENGINE AND ACTION OF THE MENT OF THE COMMISSION OF THE MENT OF THE PROPERTY OF TH	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH TUSUAL RESIDENCE Where decessed lived, If Institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND 115 51326 Baltimore Maryland b. CITY OR TOWN (if outside corporele limits. e. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Baltimore Fort Howard ll davs e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 1525 Arbutus Ave YES NO X Veterans Administration Hospital 3. NAME OF 4. DATE Month Year DECEASED (Type or print) HENRY ALLEN DEATH 1961 November 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX lest birthdey) Months Days Hours Male white WIDOWED | DIVORCED January 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Buffalo, New York Millwright (Unemployed) U.S.A Repair 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Allen Pauline Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) 2/6-07-930 Clinical Rec. VAH Balto 18, Md Ft Howard Div WW I 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 24 hrs HEART FAILURE IMMEDIATE CAUSE (6) PULMONARY EMBOLT Unknown DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO X Bronchial Asthma

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part i or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work ased from November 8 19.61 to November 19.19.61, that 20) (we) last and the death occurred at 10.15. PM, from the causes and on the date stated above. 21. I certify that N (this hospital) attended the deceased from November 8 saw the deceased alive on November 19 1061 22b. DATE 226. SIGNATUR ATTENDING STAFF SIGNED PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (TYROW LAND H ROBERTSON, JR. VAH BALTO 18, MD., FT HOWARD DIVISION 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Washington Blvd & Dorsey Rd Baltimore, Maryland REMOVAL (Specify) 11/24/61 Meadow Ridge Memorial Park Burial 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE Chillian S. Traus DATINOV 2 2 '61 Stansbury Funeral Home 6411 Windsor Mill

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH elay is necessary, aral director. Page d for your files. a. COUNTY b. COUNTY a. STATE MARYLAND 14 11/10 E b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town) Saunesva Baunesvi Board d. NAME OF GOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State YES NO NAME OF Middle Month Dey Yeer DECEASED 2 with the This certificate should be executed within 24 hours after death, if a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the dical Examiner's Office along with form PM3. Page 5 may be reuid be used as a burial-fransit permit, file pages 1 and 2 with the (Type or print) ugene 61 19 hours after 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) File pages 1 tureman within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yas giva wer or delas of servica) same 18. CAUSE OF DEATH [Enter only one cause per line fer (a), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: den IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if env. which (6) geve rise to immediate cause DUE TO (a), staling the underlying cause last. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. WAS AUTOPSY CERTIFICATION PERFORMED? ecute the certificate, writing the word forwarded to the Chief Medical L DIRECTOR: Page 3 should be assent, prior to burial, cremi NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) tectory, streat, office bldg., atc.) While Not While Hour a.m. at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion Accident Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D SIGNATURE DEPLITY MEDICAL EXAMINER 4 EXAMINER'S should NAME (Type) Address (Streat, city, town, or county) please 4 shr 22a, BURIAL, CREMATION. 22b, DATE THEREOF 22d, LOCATION (City, fown, or country) REMOVAL (Spacify) ö REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATNOV 1 4 '61 arthur & trues 5M 7/SV

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12217

	_	Item 13 Film G	300 11/10/6	mla		
1. PLACE OF DEATH	Н		2. USUAL RESIDI	ENCE (Where decoese		Residence before edmission)
E	laltimore	MARYLAN	D a. STATE Mg	aryland	b. COUNTY H	arford
b. CITY OR TOWN	(if outside corporate limits d give neerest lown)	. c. LENGTH OF STAY IN	16 c. CITY OR TOW	N (If outside corporete	limits, write RURAL	and give neerest town)
Catonsvi		lyr5mth18d	vs Whitefo	ord, Maryla	nd /	2. X 2
		not in hospital, give street address)	d. STREET ADDRE			IS RESIDENCE ON A FARM?
SPRING G	ROVE STATE	HOSPITAL	R. F. D.	Box 116		YES NO
3. NAME OF	First	Middle	Lest	4. DATE	Month	Day Year
(Type or print)	Lena		Arndt	OF DEATH	Nov.	2 1961
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		E (In yeers IF UNDE	
female	white	WIDOWED TO DIVORCED	Feb. 7, 18	392 69	birthdey) Months	Deys Hours Min.
10e. USUAL OCCUPAT	TION (Give kind of work	106, KIND OF BUSINESS OR INDI		ounty & State, or foreig		TITIZEN OF WHAT COUNTRY
house	orking life, even if refired เมา ใค	0	Wost	Virginia		U. S. A.
13. FATHER'S NAME	19446	*	14. MOTHER'S MAID		1.	0. D. A.
	Unknown		Tdo T	ceper		
15. WAS DECEASED EN	VER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 1		coper	Address	
(Yes, no, or unkown) [lfyesgive war or dates of se		Records: SPR	RING GROVE	STATE	HO SER MAT
	DEATH (Enter only one	couse per line for (e), (b), and (c).]	mocorda: orn	TING GUOVE	DIA E	HOSPITAL
710	IMMEDIATE CAUSE (e)	Last de donne	lized infec			
710	DUE TO					
Conditions, if en	3/	mak nutrition &	poor organ	ic defen	eses	
geve rise to immed	DUE TO) 1	· Loves			
(e), steting the cause lest.	anderlying (a)	Spreadpenfee	tion of deer	elitus sea	rs and be	ile
PART II. OTHE	R SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONT	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
ATI		General 1	ised astorio	clarousi	S.	PERFORMED?
20a, ACCIDENT W	AS UNDERLYING	206. DESCRIBE HOW INJURY OCC	the state of the s		em 18.)	
ZOS. ACCIDENT W	MEDICAL EXAMINER					
7	1	1 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm, 20f. (City or to	own) (<	County) (State)
20c. TIME OF INJU		WhileNot While	factory, street, office bldg.,			
- Print	19	et work et work	1/ 1 7.0	17 (2 70)	and ornet	
		al) attended the deceased from	omMarch.10	., 19.50 to.//		19.6.(, that (X) (we) la
	sed alive on??	7- 2nd 19.61, and	that death occured at	3M, from the	causes and or	
SIGNATURE	R. aris	aga, H.D	M.D. ATTENDING		TAFF HYS.	22b. DATE SIGNE
122 HYSICIAN'S		ARIZAGA, M	7. D 22d. ADDRESS	SPRING CRO	400 000000	22.00 (1.20%) (TI.4.0%)
230. BURIAL COLING						HOSELTAL
EFMOVAL (Specify	TO A DATE THERE	COF 23c, NAME OF CEMEN	ERY OR CREMATORY	ZJa. JUCANU.	N (City fown or cot	yland
	mone 5	1961 E ON AN	A CRAMATORY	23a. 10CA110	N (City, fown or con	yland
OF CIMIEDAL DIDECTO	nov. 5	1961 Emon	2 Cen	Ha	rford	yland
24 FUNERAL DIRECTO	Nov. 5	1961 Emor	2 Cen	REC'D BY REGISTRAR NOV 7 61	rford 256. REGISTRAR	yland

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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH pluc 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before edmiss.on) MARYLAND b. CITY OR TOWN (if outside corporate lim is, C. LENGTH OF STAY IN 16 write RURAL and give nearest town!" HOSP, TAL OR INSTITUTION (if not in hosp, ta., g, ve steet address) e. IS RESIDENCE 90 d. NAME OF ON A FARM YES NO 3. NAME OF 4. DATE Dev Madd e DECEASED OF comple (Type or print) DEATH 5 SEX 6. COLOR OR RACE AGE (In years F UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED carbo pue Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) attending es give wer or dates of service 216-03-1 CAUSE OF DEATH ۾ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) certificate has been gave rise to immediate cause DUE TO (a), stating the underlying the PART IS. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? as 9 NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert II or Pert II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work RECTOR: we to /______, 19....., that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... 19 and that death occured at. ...M. from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a. SICNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 20-6 M.D. 22d. ADDRESS 22c. PHYS.CIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY CATION (City, town or county) (State) 23e. BURIAL, CREMATION | 23b. direct be file REMOVAL (Specify S. 256. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR JOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ģ Thord grad neerest town) .5 7 Baltimore 30 days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 56 Veterans Administration Hospital Forest 4. DATE DECEASED (Type or print) DEATH November BARTON BAKER and col 9. AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months August 13, 1891 WIDOWED . DIVORCED Male physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or foreign country] done during most of working life, even if retired) Baltimore, Maryland self employed Attorney _ 14. MOTHER'S MAIDEN NAME please attending Sarah Ades Tobias Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records VAH. BALTIMORE, MD. (Yes, no, or unkown) (Ifyesgive weror detes of service) FT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] been signed by IMMEDIATE CAUSE (6) BRONCHO PNEUMONIA DUE TO PROTEUS AND COLIFORM ORGANISMS **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying certificate has PART I. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ENCEPHALITIS LETHARGICA CHRONIC PROGRESSIVE WITH PARKINSONISM MANT RESTATIONS 2 DIA PETES MELITITIS 3 OSTEOARTHRITTS

205. ACCIDENT WAS UNDERLYNG 11 206. DESCRIBE HOW MULKY OCCURED. (Enfor nature of in dry in Part of Pert II of Item 18.)

OR CONTRIBUTING 1 CAUSE OF DEATH

OR FORTING 18.)

OR FORTING 18. may be retained by the DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f, (City or town) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that 10 (this hospital) attended the deceased from October 12 , 1961, to November 11161, that 4) (we) last 22e. SIGNATURE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) VAH. BALTO. ND. - FT HOWARD DIVISION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) TO F direct be file 23s. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Jack Lewis, Inc. 2100 Eutaw Place, Balto, Md.

MARYLAND STATE DEPARTMENT OF MEALTH OF STATISTICAL RESEARCH AND NECORDS, 301 W. PRESTON STREET, BALTIMORE & MARYLAND

> a. IS RESIDENCE ON A FARM?

YES NO

196]

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

NO T

22b. DATE

(State

SIGNED

USA

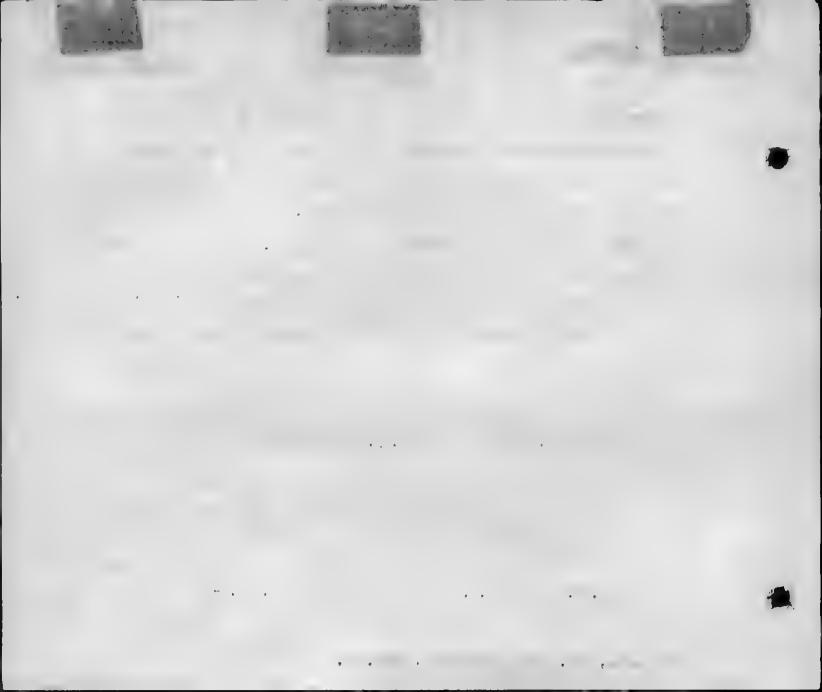
(County)

arthur & thouse

DATE NOV 1 4 '61

IF UNDER 24 HRS

VR A15 (4) 15M 9/60

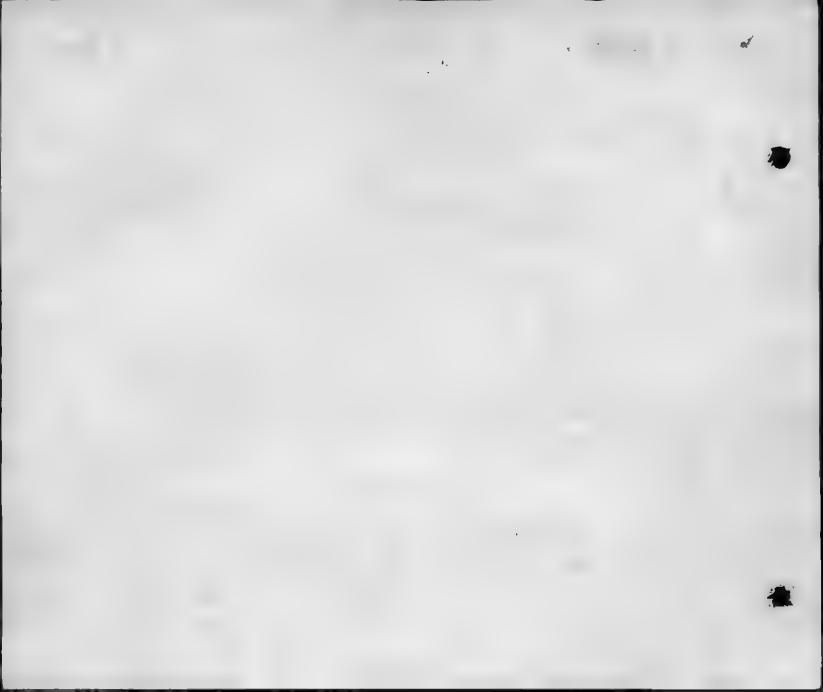


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decaesed I ved, If institution; Residence before admiss on) I. PLACE OF DEATH a. COUNTY **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY N 16 write RURAL and give negrest town? Catonsville 22vr6mth25dvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address! d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 522 East Eager Street SPRING STA E HOSPITAL YES NO 3. NAME OF Year DECEASED Bannon November Hugh DEATH (Typa or print) 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday] male WIDOWED IX DIVORCED [12. CITIZEN OF WHAT COUNTRY? remove 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retited) U. S. A. plumber - retired harvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hugh Patrick Bannon Catherine O'Neill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no. or unkown) (If yes give war or dates of service) STATE HC SPITAL Records: SPRING GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying certificate ha PART II, OTHER'S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [] . 20b. DESCRIBE HOW NURY OCCURED. (Enter netura of injury in Part I or Port I of I am 18) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INJURY [Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While Hour a.m. at work at work Nov. 24 1907, that (I) (we) last 21. I certify that II (this hospital) attended the deceased from April ... 22 ... 19.39 to saw the deceased alive on NOV. 24 19.61, and that death occurred at 2.30, from the causes and on the date stated above 22a, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler ... D. Catonsville 28, haryland director, 238. BURIAL, CREMATION | 236. DATE THEREOF 1 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2 /2/ DANOV 2 4 '61 a show S. Fleans 15M 9/60

filled i

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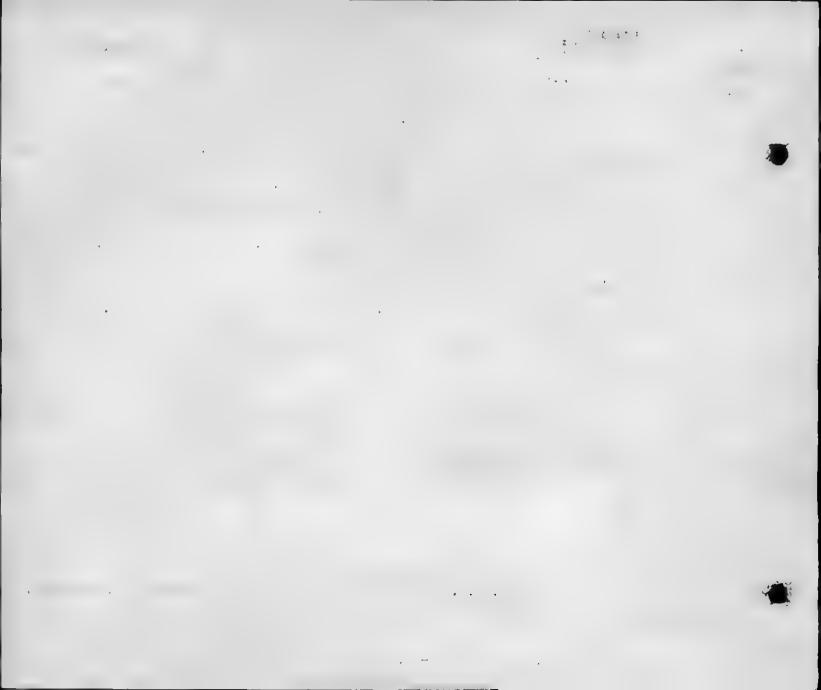
DIRECTOR:



funeral led in Pages complet carbon and please attending the attending physician. certificate has been signed by the burial-transit hospital or After this DIRECTOR: rector, FUN

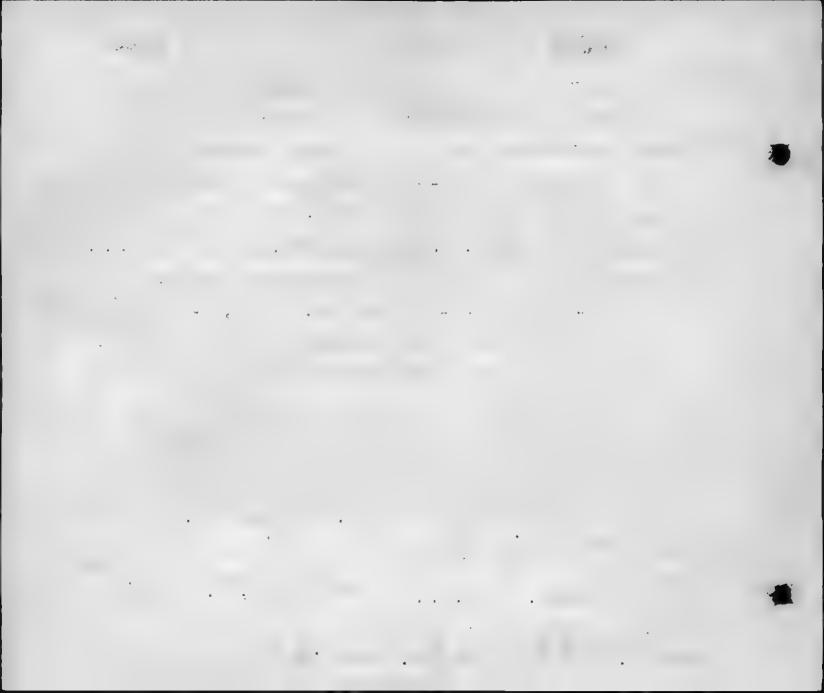


MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 16 Film G302 12/6/61 iwk 2. USUAL RESIDENCE (Where deceased lived, If institution; Rei'dence before admission) 1. PLACE OF BEATH a. COUNTY b. COUNTY BATITITIOPE BALTITIORE MARYLAND b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? TOODEROOM 50 yrs. m. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress d. STREET ADDRESS ON A FARM? 7208 Bellona Ave. YES NO XX died at his residence) NAME OF A DATE & ddla DECEASED OF DEATH (Typa or print) 19 61 THE STATE OF November 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE T MARRIED X NEVER MARRIED 8 DATE OF BIRTH and (ast birthday) Months WIDOWED DIVORCED Nov-2-1890 MATIR physician 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE, County & State, or forsign country) done during most of working life, even if retired) T. S. T.A"YER Baltimore, Md 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME KEYP BARTTETT MARY DIMON 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) (Ifyesgive war or dates of service) 216-14-5374 J. KempBartlett 3rd--Cockeysville, 'd. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par tipe for (a), .b), and (c)] Henrotikage Caselisal, PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY **certificat**■ PERFORMED? Sign YES-FI NO F 20b. DESCR BE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH After this IF EITHER, NOTIFY MEDICAL EXAMINER. (County) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or lown) Not While factory, street, office bldg., etc.) Whila Hour a.m. De Jas, D. B. Koul at work at work DIRECTOR 21. [certify that (I) (this hospital) attended the deceased from 200 22, 1929 to 27, 1929, that (I) (we) last 22a. SIGNATURE SIGNED 400 30 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1210 Eutaw Place, Baltimore 17, Maryland. John T. King, M.D. 123d, LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) £ 5 Druid Ridge Pikesville. Baltimore 8 0 burial H 25% REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE DEC 1 C- July S. Thanks 15M 9/60 Stewart & Jowen Co., 108-W-North-Av. Balto 1

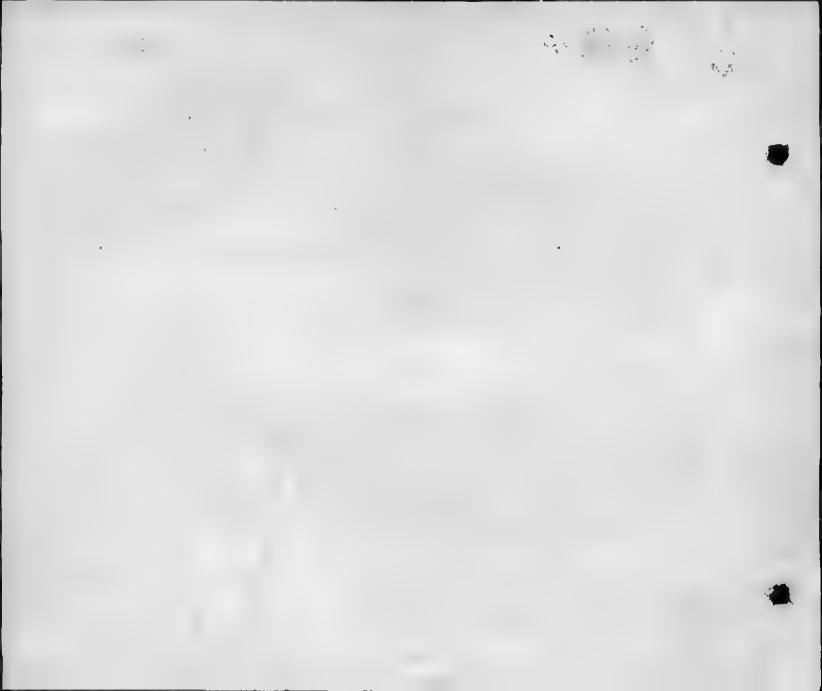


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN , if outside corporate limits, c CITY OR TOWN. If outside corporate limits, write RURAL and give nearest fown LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore - 21 22 days .5 7 Fort Howard led a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS ON A FARM? YES NO Let 120 Cedar Beack Veterans Administration Hospital 3. NAME OF 4. DATE Year complet DECEASED OF DEATH .Type or print) 19 61 November HENRY withi 9. AGE (In yeers [IF UNDER 1 YEAR] IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) and Months | Days Hours WIDOWED [event, Male White physician 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоуе 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Custodian Balto. Co. Schools Baltimore, Maryland 13. FATHER'S NAME Then please attending and Anna Margaret Fresterman Charles Bauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Clinical Records VAH, 3900 Lech removal, (Yes, no, or unknown) (If yes give we ror detes of service) Raven Blvd. Balto 18, Md-FORT HOWARD DIVISION the Yes WN-11 212-10-11:07

18. CAUSE OF DEATH [Enter only one cause per line for [e], (b) end (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: 3 weeks INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (a) **DUE TO** ARTERIOSCIEROTIC HEART DISEASE Unknown Conditions, If any, which geve rise to immediate cause **DUE TO** (a), steting the underlying certificate has the the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO US& 208. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) detached for DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 19.61, and that death occurred at A.M. from the causes and on the date stated above. plnods saw the deceased alive on. . NOY. 22b. DATE 22a. SIGNATURE SIGNED **ATTENDING** 11/5/61 PHYS. X PHYS. DIRECTOR 22d. ADDRESS3900 Loch Raven Blvd. 22c. PHYSICIAN'S NAME (Type Baltimore, Md. FORT HOWARD DIVISION TO HOUS Leath TO FUND director, be filed DONALD W. STEWART, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e BURIAL, CREMATION, 23b. REMOVAL (Specify) Oaklawn Cemetery Baltimore Co. Burial 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL RECTOR'S SIGNATURE VR A15 (4) Landing of Three 15M 9/60 Fineral Home Balto.



ν.			MARYLAND STATE DEP	ARTMENT OF HEALTH
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24 hg	r deat		write RURAL end give neerest town) 2 months	Baltimore 29, Md.
hin ed ii	affe	/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sized address)	d. STREET ADDRESS
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9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 h		3. NAME OF First Middle	Lasi 4. DATE Month Day Yeer
ecut nple pap	2		(Type or print) Andrew	Bayer DEATH Nov. // 196/
ě Š S	Ę		The state of the s	DATE OF BIRTH 19. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS.
and arb	*		M WIDOWED X DIVORCED	1-4-1870 lest birthdey) Months Deys Hours Min.
an a	Ven		10e. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OF INDUSTRY	11. JIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY!
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e re	ue c		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
death ding please	and in a		Unknown	Unknown
e d tend	A ₀	-	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
# # # The The	ova		(Yes, no, or unkown) (Ifyesgive were referenced 2/5-/8-7/02 Re	cords: Spring Grove State Hospital
h ha	rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)	INTERVAL BETWEEN
ires sicial d by perr	6		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Prom (1) and T	ONSET AND DEATH
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Picer Series	Prio		2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I of Pert II of Item 18.)
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Che fier of G	Hea		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, farm, 2Df, (City or town) (County) (State) y, street, office bidg., etc.)
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o etail	ept.		21. I certify that (I) (this hospital) attended the deceased from	19, 19, 19, 19, 19, that (I) (we) last
E C & A	<u> </u>			death occured at
IRE Show	S	1	220 SIGNATURE	ATTENDING MED. STAFF 22b, DATE
147. GED [®]	년 ·		Yer Andil This ham M.D	PHYS. DIRECTOR PHYS.
A P P P P P P P P P P P P P P P P P P P	卓 【		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Spring Grove State Hospital
	7		VEIGRAIDE J CEISCHTTAININ	Catonsville, Maryland
FU ecte	E		230. BURIAL, CREMATION, 236. DATE HEREO 230. NAME OF CEMETERY O	RENEWATORY 23d LOCATION (GOT) town or county) (State)
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VR A15	10 1 7		24 FUNIRAL DIRECTOR'S SIGNATURE ADDRESS	Occa 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Chilling & Kroma
15M 9/6	0 /4)		Wester 1. 12. 4101 Carnonas	DATE TO DATE
	4			



STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY 유 Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ò write RURAL and give nearest town) .5 Pages Carnev Carnev filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9h01 Old Harford 9401 Old Harford Road Road NAME OF Middle 4. DATE Month comple DECEASED OF (Type or print) Joseph S. Bechtel DEATH carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX R. DATE OF BIRTH AGE (In years IF UNDER I YEAR рие inst birthday) Male WIDOWED X DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marine Engeneer Phila. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Betchel Deborah Smallwood affe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mr Charles Bechtel 414 Milford Road (8) the No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO aftending Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest the certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Part II of stem IB.) After this detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While at work et work DIRECTOR p.m 21. I certify that (I) (this hospital) attended the deceased from ... I. should and that death occurred A.A.M., from the causes and on the date stated above. saw the deceased alive ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) RURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OH 2/11961 Parkwood Cemetery Burial Baltimore Maryland ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 40/12 7 '61

PYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NO T

19 61

IF UNDER 24 HRS.

PERFORMED? NO I

(Stele)

DATE

(State)

5. GNED

Hours

The same

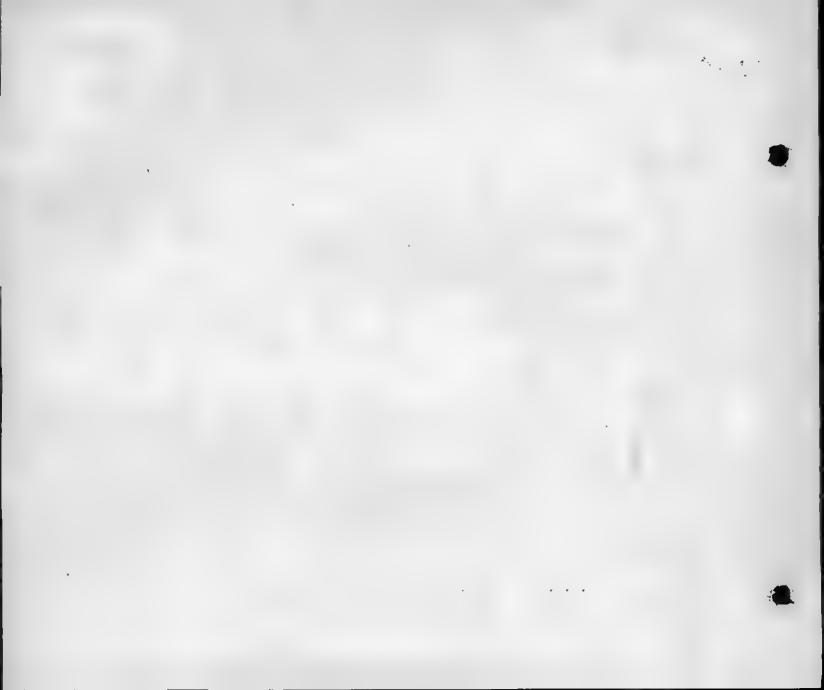
		1		
UT MEDICAL EXAMINER: Ins certificate shauld be executed within 24 haurs offer death. If any defay is necessary, please exe-	certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funer rector. Page 4 shauld be		HERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registral prior to burial, cremation.	
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defmy is r	rech	35	Trai Dria	
If any	the fune	ed for yo	the reass	
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12241

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. Mar.
PLACE OF DEATH C. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE 110 D. COUNTY B. C. T.
b. CITY OR TOWN It outside corporate limits, write RURAL ond give secret found.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	o is residence on a farmy yes no
3. NAME OF First OCCAP (Type or print) Addde. Trust T	Losi 4. DATE OF DEATH Month 1/OIX • 22 , 1 19
5. SEX 1.1.0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED D. WIDOWED DIVORCED D.	yn.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI during most of working life, every if retired)	1 Bil ted When
13. FATHER'S NAME Delliam Beeker	14. MOTHER STRAIDEN NAME 9
15. WAS BECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (162, 100, or unknown) (16 yes, give wor or doller of service)	Whysle M. Becker nest Park for.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	theoris Interval Between ONSET AND DEATH
T DUE TO	
gove rise to immediate couse (a), stoling the underlying Couse lost.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
S	TO US ULGGS NOT MALES. ALT
	nter notive of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor of work p. m. 19 work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 🚭 Inquiry 🎉 and find tha
	ide, Hamicide, Undetermined cause
SIGNATURE LE MICE FOR	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Goo.s.M. Kieffer II.2	DEPUTY MEDICAL EXAMINER 1010 Loeds Ave (29)
226. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county). (Stole)
23. RUNERAL DIRECTOR'S SIGNATURE ADDRESS William G. G. Cheng & Sons Bulta 17/	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 2.7 61

VS. A15ME(5) 5M 9/55



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, If institutions Residence before ediniss on) Film G302 1. PLACE OF DEATH e COUNTY B. STATE **b.** COUNTY Raltimore PARYLAND Maryland b. CITY OR TOWN (if outside corporete | mits. c. LENCT OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) Catonsville davs Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 3212 Strickland Street GROVE STATE HC5-ITAL ON A FARM YES NO P 3. NAME OF Middle 4. DATE DECEASED comple OF (Type or print) Bertha Belt. Mae DEATH 196] November and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Davs Dec. 12, 1891 female white WIDOWED X DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work геттоуе 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. housewife Attendant Bath Com. Balto. City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Nickolus Kemo Olita Hunter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 211-10-5836 Reocrds: Address (Yes, no, or unkown) (If yes g vewer or detes of service) u known GROVE HC PITAL 18. CAUSE OF DEATH [Enter on y one geuse per I ne for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a signed umerulo rephritis affending peen geva rise to immadiate cause DUE TO (e), steting the undarlying has couse last. êŲ. ö hospital or certificate | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY SE PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of ilem 18.) the After this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (Slete) (County) factory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af et work at work pm. 21. | certify that (1) (this hospital) attended the deceased from NOV. 9, 19.61 to N.O. 2.3..., 19.61, that (1) (we) last pluods A, and that death occurred at 250.M, from the causes and on the date stated above saw the deceased alive on 22e. SIGNATURE 22b. DATE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS M.D. ERAL 22c. PHYSICIAN S 22d. ADDRESS HOSPITAL Catonsville 28, Faryland FU 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stete) REMOVAL (Specify) P 4 D Baltimore, Maryland Burial Western 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Burgee Funeral Home 3631 Falls Road, Baltimore NOV 2 7 '61 Circling S. Krous 1SM 9/60 Huce I A Jurges

AARYLAND STATE DEPARTMENT OF HEALTH

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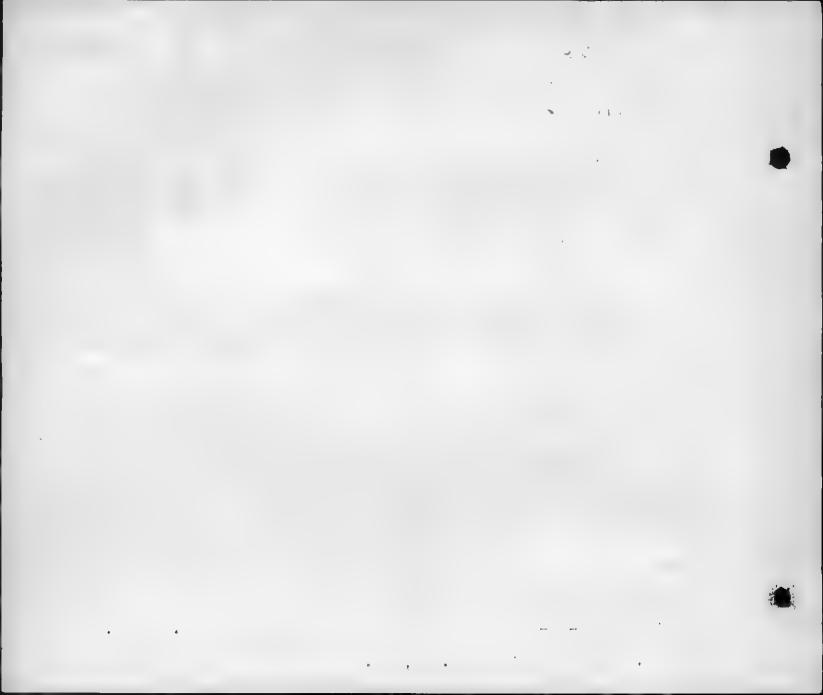
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TO HOSPITAL OR ATTENDING MHYSICIAN: The low manufes that the death certificate be executed within 24 hours after death; Page 4	may be reined by the hospital or attending physicion. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely fille, y the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

ı	12913 MAKYLAND STATE DEPARTM	LENT OF HEALTH—BA	ALTIMORE, 18
	CERTIFICA	ATE OF DEATH	Reg. Dist. N2220
1	D. CITY OF TOWN (If outside corporate limits, write RURAL and give agarest fown) SPAKKDUS OINT IF WO-	a. STATE	b. COUNTY corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RIO. Box 391.	d STREET ADDRESS	e. IS RESIDENCE ON A FARM2. YES NO P
3	NAME OF Wladyslaw First BIALOS KOL	RSK LOST 4. DA	
	Male white WIDOWED DIVORCED []	APRIL -19-187	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (ast birthday) Months Days Hours Min.
L	do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOLITED 19,9,9 Tailor	STRY 13. BIRTHPLACE (Stole or foreign	gn country) 12. CITIZEN OF WHAT COUNTI 12. CITIZEN OF WHAT COUNTI 13. SA
13	Unknown	14. MOTHER'S MAIDEN NAME UNKN	own
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. NO. PLUMPHOWN IN NO. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	WANDA M	ACKIE ASIN#1.
	Canditions, if any, which gave rise to immediate couse (a), stating the under DUE TO	DISEAS	RDIO VASCILAR INTERVALBETWEEN ONSET AND DEATH SE ILURE 6 Howa
CERTIFICATION		NOT RELATED TO THE TERMINAL DIS	PERFORMED? YES NO
MEDICAL CEPT		ACE OF INJURY IHome, farm, 20f. (clory, street, office bldg., etc.)	·
	21. I certify that I attended the deceased from CS / saive on Nost / 1		fram the causes and an the date stated above (Street, city or town, state) PATE SIGN
	PHYSICIAN'S LOUIS N. TOLLIN	Baltu	more -19 - ned.
2.	BUTTLE DESCRIPTION 22b. DATE THEREOF 11-18-1961 HOLY Redeen		DCATION (City, town, or county) (Stote) Lair Rd. Md.
	. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OHN J. DUDA 7922 Wise Ave. 22, M	240. REC'D BY REC NOY 2 1	GISTRAR 246. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if puts de comperate lumits ELENGTH OF STAY IN IL c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town 2 Davs Fort Howard Baltimore 31 e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 50 ON A FARM? YES NO T Veterans Administration Hospital 2018 Orleans Street 3. NAME OF 4. DATE Day Year Middle DECEASED OF (Type or print) DEATH 61 BIGGERMAN November 16. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR B DATE OF BIRTH IF UNDER 24 HRS. (ast birthday) Months Days Male White WIDOWED TY DIVORCED August 1886 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (County & State, or fore gn country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Receiving Clerk & buyer Cannery Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M Biggerman Anna Schuehlein' 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) . (If yes give war or dates of service) Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH CONGESTIVE HEART FATLURE RECENT IMMEDIATE CAUSE (a) 7 9 7 7 UNKNOWN (b) BRONCHOPNEUMONIA Conditions, if any, which gave rise to immediate cause Pitrore. (a), stating the underlying (e) CHRONIC EMPHYSEMA UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) WAS AUTOPSY PERFORMED? NO X ABDOMINAL ANEURYSM 208. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour em. at work at work p.m. 21. I certify that (IX (this hospital) attended the deceased from November. 28, 161, to November. 30 19.61, that (IX (we) last November 30 1961, and that death occurred at A.M. from the causes and on the date stated above. 226. DATE 22a SIGNATURE 11/30761 ATTENDING PHYS. DIRECTOR PHYS M.D. PHYSICIAN S 22d. ADDRESS VAH. Baltimore 18, Maryland NAME (Type)
TALBERT M.D.Acting Chief, Medical Service, Fort Howard Division 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Baltimore County, Maryland December 2/61 Saint Matthews Cemetery Burial 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE **ADDRESS** DEC A '61 arthur & Kraus Sons, 2024 Orleans St. Balto. Md DATE

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VR A15 (4)

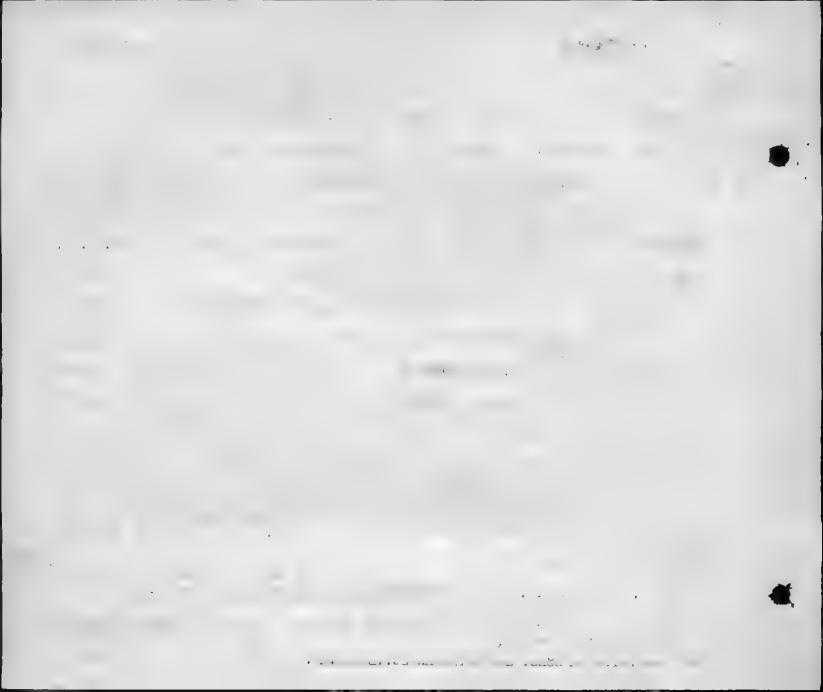
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FOR STATE HEALTH DEPT. 12245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12. USUAL RESIDENCE (Where deceased lived	TH
HEALTH DEPT. PLACE OF DEATH	
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DAlonsville 2 days Ballimone	
d. NAME OF HOSP.TAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS 2502-120-11	e IS RESIDENCE ON A FARM?
O. E. C.	ANC 400 YES NOT
3. NAME OF DECEASED (Type or print) (CORDAGE A. DATE OF	Manth Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In	yours IFUNDER TYEAR IF UNDER 24 HRS
WIDOWED DIVORCED DIVO	yrs, Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Side or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	U.S. A.
13. FATHER'S NAME	
Sold Size (George Khales Mary Moulton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Address
[Year no. of unknown yes, give wor of dates of service) 2/9-/6-75 Charles R. Blake, 2502	Maryland Avenue
18. CAUSE OF DEATH [Enter only one cause payline for (o), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cronay hamped to be a second of the part	ONSET AND DEATH
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Conditions, if only, which)	
gove rise to immediate cause [a], stating the underlying DUE TO	
course lost. (c) (c) Challes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	YES NO THE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.))
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg, etc.) While Not while of work of work	(County) (State)
Hour o. m. While Not while foctory, street, office bldg, etc.)	
21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection	Inquiry
apinion death resulted fram. Natural causes . Accident . Suicide ., Homicide ., Un	ndetermined manner
M 10 10 10 10 10 10 10 10 10 10 10 10 10	
ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER	ATTO OF SIGNED
EXAMINER'S FE TO ASSISTANT MEDICAL EXAMINER .	1-1010
NAME (Type) (- C)	10 teede un
5-10-0	
220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220 LOCATION (City,	town, or county) (State)
226. BURIAL CREMATION. 22b. DATE THEREOF 127c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City. New Cathedral Cemetery Baltimo	ore
270. BURIAL CREMATION. 22b. DATE THEREOF 27c NAME OF CEMETERY OF CREMATORY BURIAL CREMATION (City, BURIAL CREMATION) 11-24-61 New Cathedral Cemetery Baltimo	ore (Stote) Dre REGISTRAN'S SIGNATURE Calling & Hand

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR S			12246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2232
Foge Health, Health,	DEPT.	1.	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county of the count	nce before admission)
sary, plactor. Prour file	(M)	'	b. CITY OR TOWN (If outside corporate limits, write FURAL and and give nearest farm) RURAL BATT) -	g ve nearest town)
is neces al direct ed for Boord	X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 85/0 OLD HARFORD RD 85/0 OLD HARFORD RL	e. S RESIDENCE ON A FARM? YES NO
he felay he State he State er death			NAME OF DECEASED / CA/11 First DADE DADE AND DECEASED / 4. DATE Month	Doy Year 9 9 6/
d 3 to 1 may be with 11	G	5. 5	the transfer of the state of th	TYEAR IF UNDER 24 HKS
r death , 2, and Page 5 I and 2 in 72 ha	10	260		CEN OF WHAT COUNTRY?
Poges 1 PM3. pages		13,	JOHN GUILTA BARBARA DEIT	7_
in 24 ha Give ith form t. File any eve	•	15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT DOUGHTER Address NONE MRS. CLARA LANCE (54.	ME)
ed with tem 18. Ilong w f permi			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: **MMEDIATE CAUSE (a) CEREIBRAL VASCULAR Decident	INTERVAL BETWEEN CINSET AND DOM
ned in the confice of			593 X OUE TO HCUD.	undet
in per in per iner's o burice,			gove rise to immediate couse (a), stating the underlying cause lost. (c) Renal Discere	undet
cate she adding at Exam	(ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO 3
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VER: The vig the viet Chief		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not while of work of work of work	nly) (Slote)
EXAMI by writing d to the R: Pog nt, pri			21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry opinion death resulted framy Natural causes, Accident, Suicide, Hamicide, Undetermined m	
DICAL Irtificate prwarde IRECTO			ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
TY ME To ce RAL D lesigno	2		A SOLITAND AND AND AND AND AND AND AND AND AND	-29-61
execut 4 shou 5 FUNE		220	BURIAL CREMATION 1726 DATE THEREOF 1720. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, lown, or county) REMOVAL (Specify) AURIAL 12-2-1961 HOLYREDEEMER 1270, MD-	(Slote)
VS. A35ME 5M 2/57		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CARRIES SIGNATURE STATE SIGNATURE SIGNATURE SIGNATURE STATE SIGNATURE SIGNATURE SIGNATURE STATE SIGNATURE SIGNATURE STATE SIGNATURE SIGNATURE STATE SIGNATURE SIGNATURE STATE SIGNATURE SIGN	NATURE Kraud
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1. PLACE OF DEATH 2. COUNTY Baltimore County	MARYLAND 2. USUAL RESIDENCE (W	there deceased lived. If institution: Residence before admission b. COUNTY Man toom erv
b. CITY OR TOWN (If autside carporate limits, write c. LENGTE RURAL and give neorest town) Mt. Wilson, Maryland	H OF STAY IN 16 c. CITY OR TOWN (IF	autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (if not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS 9202 W	hitney St. o Is residence on a farm? YES NO
3. NAME OF First (Type or print)	Middle rrtle Bohrer	4. DATE Month Day Year OF DEATH // 15 19 6/
S SEX 6 COLOR OR RACE 7. MARRIED NEW	EVER MARRIED B. DATE OF BIRTH DIVORCED /2/20/	7 8 77 Sage (In years of UNDER 1 YEAR OF UNDER 24 HRS less birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF B during most of working life, even if retired)	1	e or foreign country) 12. CITIZEN OF WHAT COUNTRY Vir ginia U.S. A.
13. FATHER'S NAME Lohn Fearnow	14. MOTHER'S MAIDEN	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
(Yes, no, or unknown) [IF yes, give war or dates of service]		Address s, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (I) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	(b). ond (c).] -iosclerotic C	ardies bisease Interval Between onset and Death 2805 +
Canditians, if any, which gave rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO		
Moderalely ADV	Idnaed Polmonar	Tubervulosis PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED (Enter nature of injury if	(Port I or Port II of Item 18)
CO. TIME OF INJURY Month, Day, Year 20d INJURY OCC While Nal wat wark at wark	while foctory, street, affice bldg., e	
		96, ta 196, that (I) (we) last M, fram the causes and an the date stated above
220. SIGNATURE MUNCOM	M D. PHYS []	AED STAFF SIGNE SIGNE SIGNE
Wm. Newcomer, M.D., Superinte	endent Mt. Wilson	State Hospital, Mt. Wilson, Md
230. BUR AL, CREMATION 23b. DATE THEREOF 23c NAN	ME OF CEMETERY OR CREMATORY	Berkeley Springs. W. Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDR Parks—Johnson, Co., Berke	DRESS 250 REG	TO BY REGISTRAR 256 REGISTRAR'S SIGNATURE a NOV 1 7 61 Comban S. Kraum
	1. PLACE OF DEATH COUNTY Baltimore County b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTON Mt. Wilson State Hospital 3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NI WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF during most of working life, even if retired) 13. FATHER'S NAME 14. WIDOWED A 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT Moderal Cause of DEATH (If Either, Notify MeDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOV OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 200. MCCIDENT WAS UNDERLYING 206. DESCRIBE HOV OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 21. I certify that (i) (this hospital) attended the cause of the deceased glive an	1. PLACE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayor, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

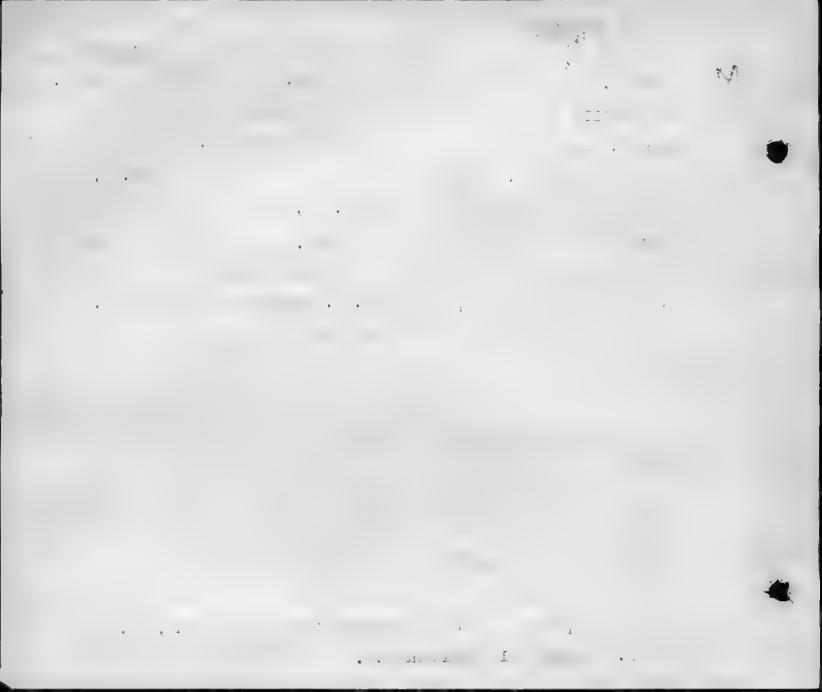
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If	
1	Balto. MARYLAND	o. STATE Md.	Balto.
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)
	Catonsville	Halethorpe	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARME
	House In The Pines	75563 Oregon Ave.	YES NO X
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
	(Type or print) MARY E. BORING	DEATH	Nov. 4, 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	I not be able at a column	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Aug. 31, 1890 71 yrs.	Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11 BIRTHPLACE (County & Stete or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewife	Md.	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Luther Myers	Minerva Fogle	
1		NFORMANT Address	
	no large de la lar	o. H. Boring 5563 Oreg	gon Ave.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c))	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	collesion	30 mex-
	2.60 X DUE TO 1	a -L	
	Conditions, if any, which \ (b) Generalized	asterenelesonie	Mulet
	geva risa to (mmedieta causa		
	(a), stefing the underlying Such Care Consoler.	17uelletia-	2942
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	(EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	5 Cerebro vascular Him	enskeris)	YES NO
	# 206. ACCIDENT WAS UNDERLYING 1 1 206 DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Pert I or Part II of tem 18.)	;
	OR CONTRIBUTING CAUSE OF DEATH		
	3 20c, TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm 20f. (City or town)	(County) (State)
	Z 20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLA While Not While fect et work at work	tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.	aug 13, 196/ 10 7600	7, 196/, that (I) (we) last
		death occured a A.A.M. from the causes	
i	22a. SIGNATURE		22b. DATE
	1 Bradle Loubastley - "	ATTENDING MED, STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type)		
	23a, BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, to	wn or county) (State)
	REMOVAL (Specify) Rurial 11/7/61 United Bret	hern Cem Thurmont	. Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, 25a. REC'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
1	Howard H. Hubbard 4107 Wilkens Av	e. DATE NOV 6 '61	Inthun S. Thous

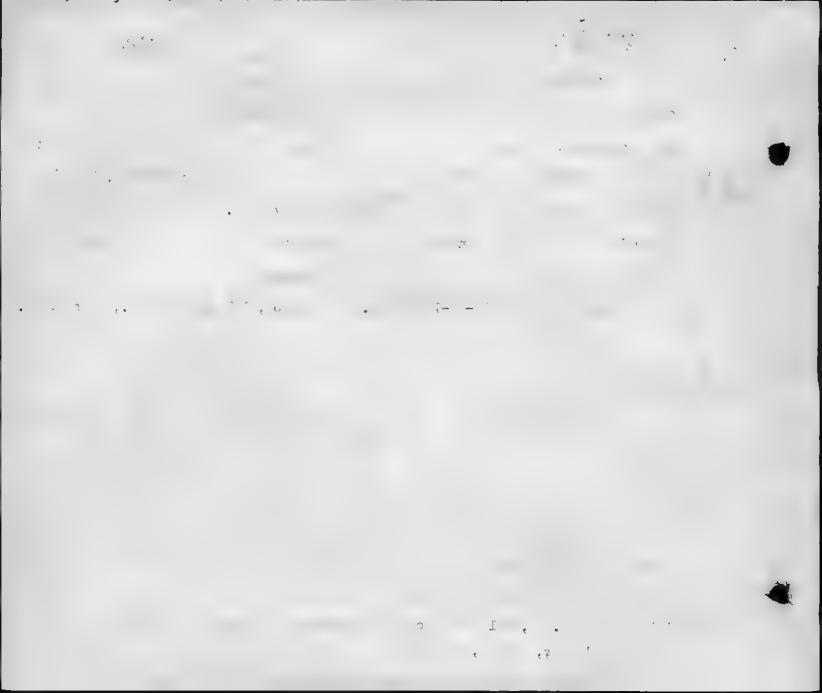


IO HOSPLAL OR ALLINDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after a death. See A may be retained by the hospital or attending physician. See IO FUNARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 90

MARYLAND STATE DEPARTMENT OF HEALTH

	MINKI PHILD 315	ALE DEPART	AFFIAT OL	THE PARTY OF THE	
DIVISION OF STATISTICA	AL RESEARCH AND RI	CORDS, 301 W	. PRESTON	STREET, BALTIMO	DRE 1, MARYLAND
12249		ICATE OF		· ·	12235

71		
	1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission) e. STATE b. COUNTY D. T. F.
1	Baltimore MARYLAND	Maryland
	b. CITY OR TOWN (if outside carporete limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near sst town)
	'I'OWSON d. NAME OF HOSP.TAL OR INSTITUTION (if not in hosp te , give street eddress)	X103 Shealey Avenue
	Towson Convalescant Home	Towson YES NOT
	3. NAME OF First Middle	Last 4 DATE Month Dey Yeer
П	(Type or print) AMANDA BORNMILLER	DEATH November 25, 19619
/	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In yoors IF UNDER 1 YEAR IF UNDER 24 HRS.
		Unknown 1874 app. 87 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work , 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY!
	Housewife Own Hone	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 I. (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	NFORMANT Address
		. John Herzog, 101 Shealey Ave., Towson, Md.
	18. CAUSE OF DEATH [Enter only one cause per (ne for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) My Carolis	ed Infarction 15 minutes
	420·1 DUE TO	· Date · A
	Conditions, if eny, which gove rise to immediate couse	zed allresclerano
	(a), steting the underlying DUE TO	
	ceuse lest, (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of Injury in Part I or Pert II of item 18.)
	PART B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH ITE EITHER, NOTICE MEDICAL EXAMINER)	(4.00)
		CF OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
	B Rout C.R.	ory, street, office bldg., etc.]
	21.] certify that (i))(this hospital) attended the deceased from	monerber / 196.1, to Mar. 25, 1961., that (1) (we) last
		death occured at/2.3.M, from the causes and on the date stated above.
	22e.) SIGNATURE	22b. DATE
	George T. Gulmone M.	DING DISCORD DING 4
	22c, PHYSICIAN'S	22d. ADDRESS
	GEORGE LGILMORE	- dullerullo, mo
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	
4	Burial Nov. 28,1961 Prospect Hill	
	John Burns Sons, Towson, Maryland	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
le	OCIMI DULING COMP,	DATE DEC 1 '61 Curan 2. Talan



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH c. COUNTY	2. USUAL RESIDENCE (Where daceasad lived, if institution; Residence before edmission)
Beltimore Maryland	a. STATE Illinois b. COUNTY Cook
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neeresi town) Lutherville	Oak Park
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
1218 Longford Road	728 N. Marion Street YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE
3. NAME OF First Middle DECEASED	tast 4. DATE Month Day Year
(Type or print) LUCY FLORENCE BRO	DOKHOUSE DEATH November 22, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	ecemper 4, 1888 Arithdey) Months Deys Hours Min.
	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own Home	London, England USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Smith	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	s. Wm. B. Mosher, 1218 Longford Rd.Luthervill
18. CAUSE OF DEATH [Entar only one causa per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) (1111)	careful confercion 30 minutes
DUE TO VI	
Conditions, if any, which geve rise to immediate cause	Allegan
(a), stating the underlying DUE TO	
cause last. (c)	The state of the s
PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
AS	YES NO H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING AUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER	. (Enter netura of in usy in Pest I or Part II of Item 18.)
6	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ory, stree), office bldg., atc.)
Hour a.m. Whila Not While rack p.m. 19 al work al work	1
	126 to Mars 21 , 181, that () (we) last
	death occured at item, from the causes and on the date stated above.
224 SIGNATURE	22b. DATE
Genos T. Almare "	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN S	22d. MDDRESS
NAME GYEORGE T. GILMORE	Litherville, ma
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Removal/Burial Nov. 23,1961 Mt. Emblem Ce	m. Elmhurst, Illinois
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Barns' Sons, Towson, Maryland	DANOV 2 7 '61 Civiling S. Hause



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY the fluid 2 seath. Baltimore MARYLAND Maryland Baltimore and b. CITY OR TOWN (f outside corporete limits, c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give naarest town) Catonsville Catonsville Pages d. STREET ADDRESS B d. NAME OF HOSPITAL OR INSTITUTION (if not an hospita, give street address) a IS RESIDENCE ON A FARM? 300 N. Rolling Road 300 N. Rolling YES NO 3. NAME OF 4. DATE Year Middle DECEASED (Typa or print) DEATH November 1961 Stephen Bonsal Brooks 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BRITE 9. AGE In years IF JNDER 1 YEAR IF UNDER 24 HRS. Oct.16, last berthday) Months Days WIDOWED F DIVORCED Male White physician 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & State, or foreign country) гетпоуе 1 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Sales Manager U.S.A. Concrete Maryland 13. FATHER'S NAME please 1 14. MOTHER'S MAIDEN NAME affending S. Bonsal Brooks Sr. Priscilla Bohlem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yas, no, or unkown) | (Ifyesgivewarordatasofservice) Mrs Natalie Brooks. 300 N. Rolling Rd. Yes the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? hospital 50 NO E nse ō 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the this retained by TOR: After t 20d. INJURY OCCURRED 20a PLACE OF INJURY (Homa, farm, (County) (Stata) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. White Not Whila at work at work DIRECTOR .g 21. I certify that (I) (this Hospital) attended the deceased from...... 19.0., that (I) (we) last 19.4. and that death occurred at 3.4M. from the causes and on the date stated above. should saw the deceased alive 22a. SIGNATURE ATTENDING₄ SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, be filed FU OCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OL Garrison Forest 6.1961 St. Thomas' Cometery burial Nov. 25a, REC'D BY REGISTRAR (25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Henry W. Jenkin VR A15 [4] & Sons Co. Jenkins Circher S. Huma 15M 9/60 York Road Balt 12 Md



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

12252CERTIFICATE OF DEATH Items 8.9 & 14 Filmustal residence Where eccessed liver Winstitution PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Maryland Baltimore Baltimore CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Catonsville 7 vrs. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2. 15 Somerset Road 15 Somerset Road YES NO K NAME OF 4. DATE Middle Month Year DECEASED DEATH (Type or print) Bessie Estelle Nov. 15. Brosenne 19 6] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE IIn years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Months White Nov. 26. 1886 Femele WIDOWED AT DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland U. S. A. Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Knott Jane Elliott 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Catonsviile - 28. Md. (Yes, no or unknown) Mr. Donald G. Brosenne 15 Somerset Rd. None 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: onaky MMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate

DUE TO cause (a), stating the underlying couse last WAS ALTOPSY PERFORMED? YES NO I

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

Not while

at work of work

21. I certify that (1) (this hospital) attended the deceased frankling 20 196 /, that (I) (we) last saw the deceased alive on 2007

factory, street, affice bldg., etc.)

_19.6 /, and that death occurred at 25M, from the causes and on the date stated above 22a (SIGNATURE ATTENDING DIRECTOR ...

PHYSICIAN'S NAME (Type) John N. Snyder M. D.

While

Haur a.m.

22d, ADDRESS 6348 Frederick Rd. Catonsville - 28, Md.

(State)

(State)

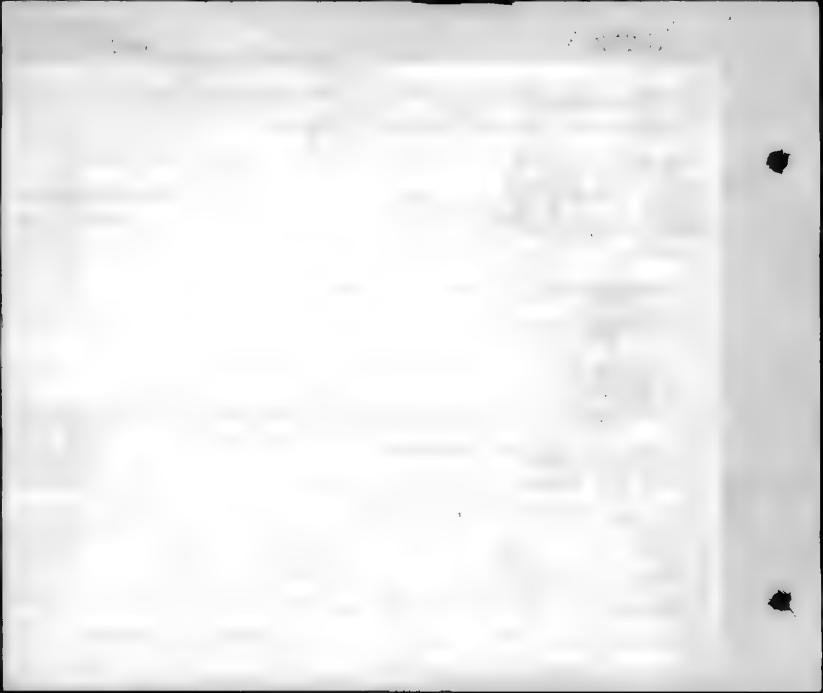
(County)

23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City, town, or county) REMOVAL (Specify) St. John's Cemeterv Ellicott City. Md.

2Sb REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Kungel Home Catonsville, Md. DATE NOV 2 0 '61 Cathur & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) Anna Gertrude by the and 2 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, 1f institution residence before admission A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET ADDRESS OR LOCATION) B. COUNTY ges 1 Pages FULL NAME OF filled i HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION timore House of Pines Nursing Home p. STREET ADDRESS (If rural, give location) comple McKemin Ave 9. AGE (in years last birthday) carbon 6. COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (Specify) Months Days Hours Min. and temale marrie a physician 11. BIRTHPLACE (State or foreign country) 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even 12. CITIZEN OF WHAT COUNTRY? гетоме I De. KIND OF BUSINESS OR INDUSTRY rouseunte please 13. FATHER'S NAME aftending Then 15. Was Deceased Ever in U. S. Armed Forces? **ADDRESS** 16. SOCIAL [Yes, no or unknown] (If yes, give wor or dates of service) SECURITY NO. the permit. hospital or attending physician, certificate has been signed by the ir use as the burial-transit permit, prior to burial, cremation, or ren CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST. CERTIFICATION TOR: After this of detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT may be retaine DIRECTOR: A 3 should be def the State Dept. o IF OPERATION WAS RELATED TO CAUSE-O' DEATH, ENTER IN 198. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? 19A. DATE OF OPERATION 42. 1 certify that (I) (this haspital) attended the deceased from the s deall age 4 rector, page 3 director, page 3 be filed with the 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR [] 24A. BURIAL CREMATION. 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION REMOVAL (Specify) buria emeteru VR A15 (4) 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25c. FUNERAL DIRECTOR 15M 9/60



nd complemy filled in by the funeral irbon papers. Pages 1 and 2 should within 72 hours after death. Then please remove carbon papers. physician and comple deatr type 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please remove cabe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.

within 24 hours after

The law requires that the death certificate be executed

ATTENDING PHYSICIAN:

ő

TO HOSPITAL

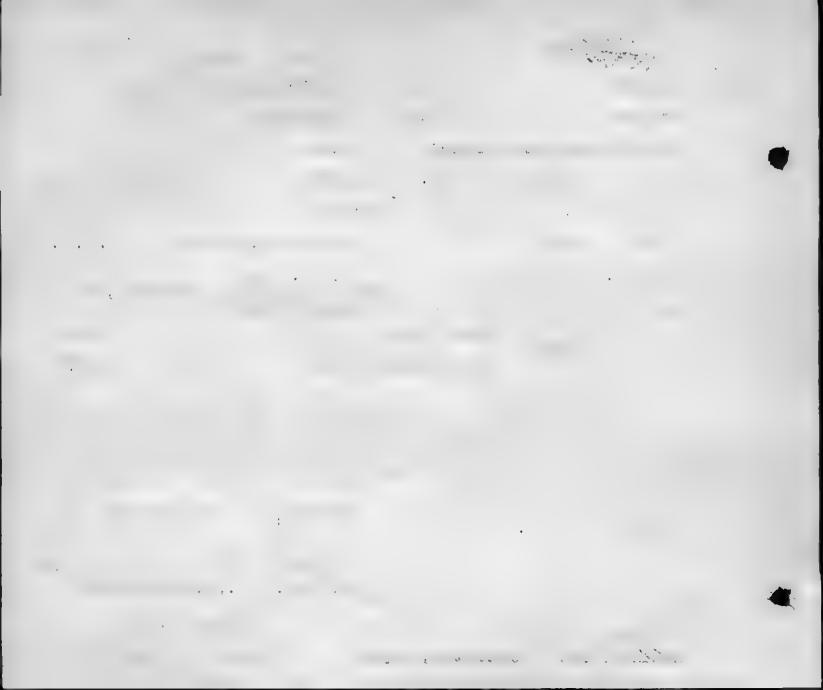
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19952
CERTIFICATE OF DEATH

	1.22 1.7
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutioni Residence before admission)
Baltimore MARYLAND	b. COUNTY Maryland Kent
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Fort Howard 209 Days	Chestertown
d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street address)	d. STREET ADDRESS 4. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	Route #3
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) EDWARD E.	BROWN OF DEATH November 19 19 61
	DATE OF BIRTH . 9. AGE (In years HE UNDER 1 YEAR IF JNDER 24 HRS.
1	arch 7, 1892 lest birthday) Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) Waterman - Retired	Chestertown, Maryland U. S. A.
13. FATHER'S NAME	Chestertown, Maryland U. S. A.
III I I Down	34 G Ghann
William E. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17-1	Mary C. Stoops
(Tas, no, or unkown) (Ifyes give war or dates of service)	Inical Records, VAH, Baltimore 18, Maryland
Yes WW I. 218-20-4216 FO	RT HOWARD DIVISION
PART I. DEATH WAS CAUSED BY: HODGKTN'S DISEASE	ONISET AND DEATH
IMMEDIATE CAUSE (a)	_
Conditions, if any, which BRONCHOPNEUMONIA,	TERMINAL
gave rise to immediate cause	
(a), stating the underlying DUE TO	
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AJTOPSY
E CONTRACTOR SOCIAL SOC	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING TO 1 2Db. DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter Gardia V. Mijary in Cash Car Fair (Car Selli 10.)
	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	ory, street, office bldg., etc.)
	April 24, 1, 161, to November 19,61, that (X (we) last
saw the deceased alive on Nov. 19 61 , and that	death occured at PM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Sold Turne de D. M.	D PHYS. DIRECTOR PHYS. X
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
1930 (1)50)	VAH, BALTO. 18, MD., FT. HOWARD DIVISION
238. BJRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/24/61 Chester Ceme	etery Chestertwon, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	
William Maller	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



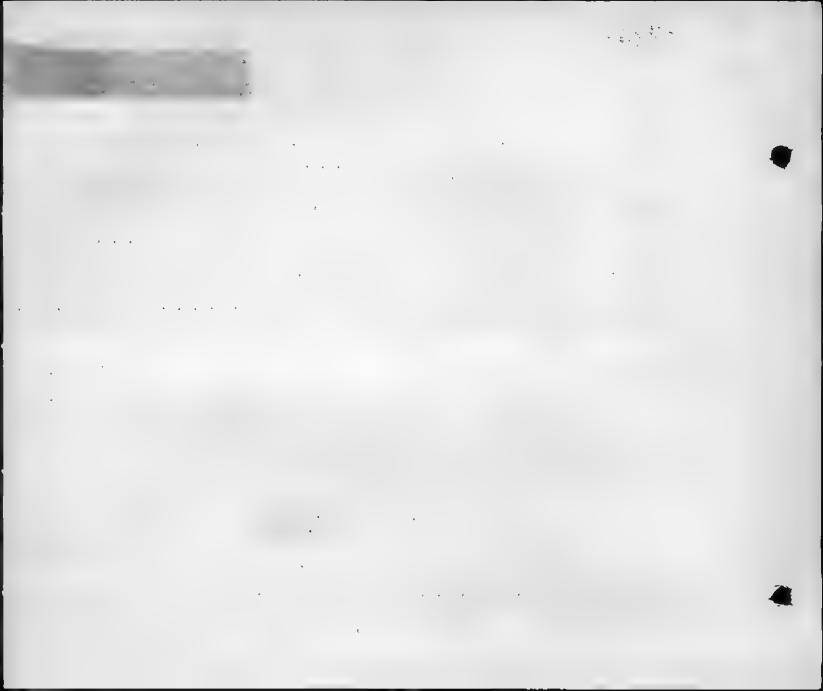
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, Film G300 USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a COUNTY filed a. STATE **b.** COUNTY funerol b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) the d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO NAME OF Middle 4. DATE last Month Doy Year filled DECEASED OF DEATH Pages death (Type or print) 19 AGE (In years last birthdoy) IF UNDER TYEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH campletely Months Days ofter Haurs WIDOWED TO DIVORCED | papers SUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (state or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo pou 72 that the death certificate be 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician COL within Unknown remove JE INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address /enl attending please INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o ŧ, **DUE TO** þ Conditions, fony, which cert, ficate has been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. or attending physician burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremation, PERFORMED? YES □ NO □ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 90 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while After this at wark at work detached far 21. I certify that (1) (this haspital) attended the deceased fram... saw the deceased alive an and that death accurred and M. from the causes and an the date stated above DIRECTOR 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS M.D 22c. PHYSICIAN'S 22d ADDRESS 0 NAME (Type) 3 shou TO FUN BURIAL, CREMATION, 236 DATE OF CEMETERY OR CREMATOR' LOCATION (City, fown, or county) page the Sta REMOVAL (Specify) ADDRES 250 REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 256, REGISTRAR'S STONATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



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VS A15 (4)

15M 10/57

1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

lying couse lost.

Hour o. m.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12257 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUKAL and give nearest lawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, 15 RESIDENCE ON A FARM? YES TO NOW First Middle 4. DATE Month Day Year OF DEATH 196/ 6. COLOR OR MACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bigthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours DIVORCED | WIDOWED K yrs. 100. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [State or foreign country] 12 CITIZEN OF WHAT COUNTRY? ring most of working life, even divetired) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LEALT DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Bromeric E Pt PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

Not while at work of work

p. m. 21. I certify that I attended the deceased from . 19 L that I last saw the deceased and that death occurred at 1/20 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

PRINTED AND HERMAN SETDET. NAME (Type)

220 BURIAL CREMATION, 226 DATE THEREOF 224 MAME/OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) EDNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR

While

24b, REGISTRAR'S SIGNATURE

(County)

(State)

DATE NOV 2 8 '61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY COUNTY Baltimore Maryland Worcester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete imits. E LENGTH OF STAY IN 16 write RURAL and give neerest town) 84 Days Fort Howard Bishop .⊆ e. IS RESIDENCE Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES X NO Rural Route #1 Veterans Administration Hospital 3. NAME OF 4. DATE Month Year DECEASED OF сотр DEATH 1961 (Type or print) FRANCIS S. CAREY November 30 AGE (n years IF UNDER 1 YEAR IF JNDER 24 MRS. 5. SEX 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED B. DATE OF BIRTH lest birthday) and WIDOWED [DIVORCED [June 18 Male White sician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE , County & State, or fore on country) dona during most of working life, even if retired) U. S. A. Farming Showell. Maryland Farmer phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple William Carey

15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Julia Downes Address (Yes, no, or unkown) (Ifyes give wer or detes of service) Clinical Records, VAH, Baltimore 18, Maryland 218-121-632 Fort Howard Division the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).] g physician signed by ONSET AND DEATH Carcinoma of the lung PART I. DEATH WAS CAUSED BY: Unknown IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if env. which has been geve risa to immediate cause DUE TO (e), stating the underlying ceuse lest. certificate ha ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? hospital 8 Q NO T Diabetes Mellitus 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH P the retained by the IOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour e.m. et work at work may be retained DIRECTOR: 3 should be det 21. | certify that ((this hospital) attended the deceased from September 7 to Nov. 30 1961, that (X) (we) last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF 11/30/61 DIRECTOR PHYS. 12 32 PHYS. FRAL PHYSIC AN'S 22d, ADDRESS Baltimore 18. Maryland NAME (Type) TALBERT, M.D. Acting Chief, Medical Service Fort Howard Division director, be filed 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) OL MODILI ON Company Bishopville. Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur & Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



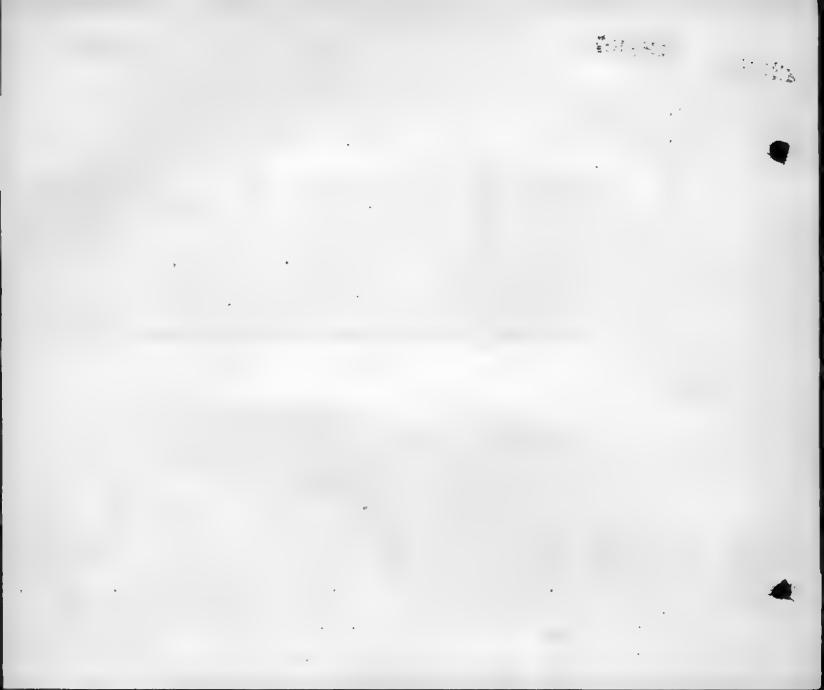
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	12203	CERTIFICA	IE OF DEATH	12	245
	PLACE OF DEATH COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where decease	b. COUNTY	before admission)
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	17 1	e percest town
	RURAL and give nearest town) Mt. Wilson. Maryland	. LENOTH OF STATE IN TO	RURAL WAS	HINGTON	DCIV
	d NAME OF HOSP TAL (If not in hospital, give street od	ildress)	d. STREET ADDRESS	72774704	e. IS RESIDENCE
-	Mt. Wilson State Hospital		CSOI DIARCY	ROAD	YES NO
	3 NAME OF DECEASED (Type or print) WILLIAM	R D Y	CARL 4. DATE OF DEATH	Month - 52	Doy Year 196/
,	S SEX ACE 6 COLOR OR RACE 7- MARRIE WHITE WIDOWED		8 DATE OF BIRTH 8 30-1887		YEAR IF UNDER 24 HRS
	10a USUAL OCCUPATION (Give kind of work done 10b, KI during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign of	country) 12. CITIZE	N OF WHAT COUNTRY
	HOUSE PLASTERER 1	BUILDING	WASHINGTON		S.A.
	13. FATHER'S NAME	~ .	14. MOTHER'S MAIDEN NAME		
	THEODORE CA	KL	MARY ELLET	YKEYER	
	15. WAS DECEASED EVER IN U. S. ÁRMED FORCES? 16. SC (Yes, no. pr unknown) HF yes, give wor or dotes of service)		IFORMANT /	Address	77 7
	THE CALLSE OF DEATH (Calculation of the		spital Records, Mt.	wilson state	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY		201100111211	Digental Bar	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) FAR	ALIVAINCEL	FULLIFONARY !	ADEN CACCIO	2 14 47,
	Conditions if any which)				
	gove rise to immediate				
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CO		NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 3	(o) 19 WAS AUTOPSY PERFORMED?
,	3 PULMONARY	1 EMPH	YSEMA		YES X NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	O'(Enter nature of injury in Port I or Por	t II of item 18.)	
		2	ACE OF INJURY (Home, form, 20f (City	y or town) (Co	unty) (Stote
	Hour o.m. 19 While of work	Not while Tot	i i		
	21 I certify that (I) (this hospital) attended	d the deceosed from.	3.6.5919 10	11-29,1961	, that (I) (we) las
	sow the deceased alive an 11. 2.8.	- 1961, and that d	eath occurred at SAM, from		
	22o. SIGNATURE		ATTENDING MED	STAFF // C	22b DATE SIGNED
	22c PHYLICIAN'S		M D. PHYS DIRECTOR S 22d. ADDRESS	PHYS 🗍 // 😓	27-61
	Win Mewcomer, M.D., Super	rintendent	Mt. Wilson State	Hospital, ht.	Wilson, Md
	230 BJOJA, CREMAT ON 236 DATE THE FEOF	23c PHAME OF CEMETERY O	R CREMATORY 23d LOCA	TIGN (City lowny of county)	d Mid
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGIS	TRAR 256, REGISTRAR'S SIGN	IATURE
1	- MW Manners CO.	Matrice	den were DEC 1	161 Ci my 8	Thrue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE **b.** COUNTY MARYLAND Daltimore WORCESTER MARYLAND CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Wilson, Maryland BERLIN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T Wilson State Hospital First Middle 4. DATE Last Manth Day Year DEATH (Type or print) GEORGE FREEMAN CARNEY 11 19 61 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 9/18/1899 62 yrs. DIVORCED | MALE NEGRO WIDOWED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? VIRGINIA CONSTRUCTION U.S.A. LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARENCE T. CARNEY MATTIE L. DARMOND 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 225-09-4318 Hospital Records, Mt. Wilson State Mospital INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG MONTHS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) Doy, Year foctory, street, office bldg., etc.) Haur a.m. While Nat while at work at work p. m. 10 11/4/ 21 1 certify that (I) (this haspital) attended the deceased fram 9/21/ 1261 1951_, that (I) (we) last saw the deceased alive an 11 . 19 61 and that death accurred at A. M., from the causes and on the date stated above 22o SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF uncone M.D. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type it. Wilson State Hospital It. Newcomer Superintendent Wilson ad. 23d. LOCATION (Cyty, town, or county) 23g BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) **ADDRESS** 250. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE OF & Curling S. Thrown

the funeral directar, should be filed with after death, Page Pages 1 death. campletely after (papers. 72 haurs c ave carban p within 72 ha aug E physicio remave attending ā þ haspital ar attending physicion. After this certificate has been signed hed far use as the burial-transit permi detached far Health DIRECTOR: ě ğ ned

o. COUNTY

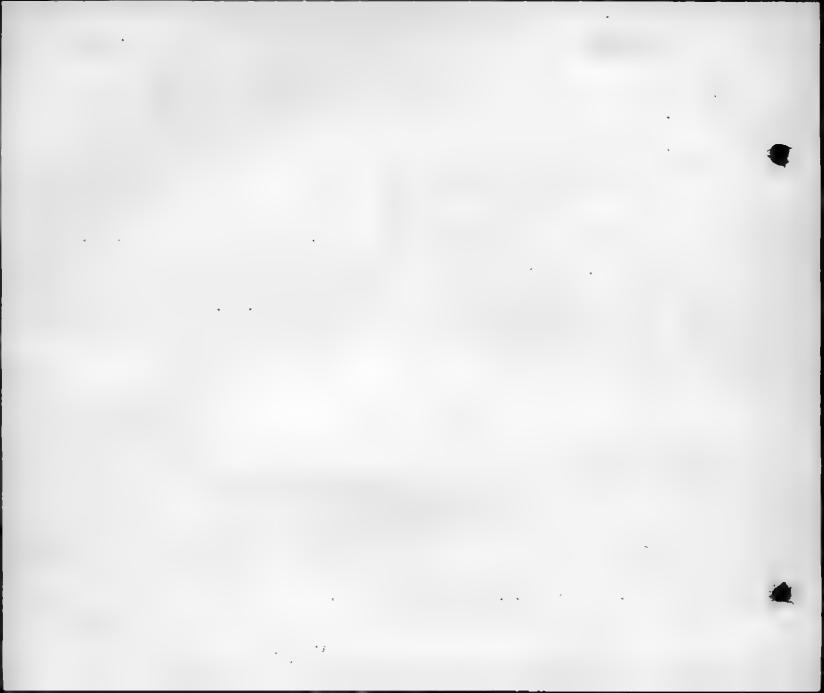
NAME OF

DECEASED

No

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY a. STATE Baltimore Maryland MERYLAND Worcester b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naerest town) 23 X. 2. Fort Howard 23 Davs Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street address, d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T Veterans Administration Hospital 204 Petitt Street 3. NAME OF F rst 1.4. DATE Month Year DECEASED OF (Type or print) DEATH 19 TSATAH CARR 9. AGE (In years IF UNDER 1 YEAR and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS. Hours DIVORCED August 11.1908 Male Negro WIDOWED [10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) Saw Mill Albany, Georgia U. S. A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 pue Annie Smith Monroe Carr ۵ Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) (If yes g've war or detes of service) removal physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] Fort Howard Division INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE PANCREAS WITH METASTASES TO IMMEDIATE CAUSE (a) LIVER AND ABDOMEN UNKNOWN Conditions, if any, which (b)_ gave rise to immediate couse DUE TO (a), stating the underlying cause last. the th PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20e, ACCIDENT WAS UNDERLYING IT 20h DESCRIBE HOW INIJRY OCCURED, tenter neture of murry in Pert I or Pert II of item 18.) OR CONTRIBUT NG CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED fectory, street, office bldg., etc.) Whi e Not While Hour a.m. at work at work DIRECTOR: 3 should be det 21. I certify that 10 (this hospital) attended the deceased from...Nov. 6, 1261. to Nov. 29, 1961., that (b) (we) last ...161 Nov. saw the deceased alive on... 22e SIGNATURE /30/61 DIRECTOR PHYS. 22c. PHYS CIANUS. ADDRESS CRAHAN M.D. VAH. BALTO 18 MD FT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) Snow Hill, Maryland Burial Baptist Church Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) allun & France 15M 9/60

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After this certificate

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hospital or attending



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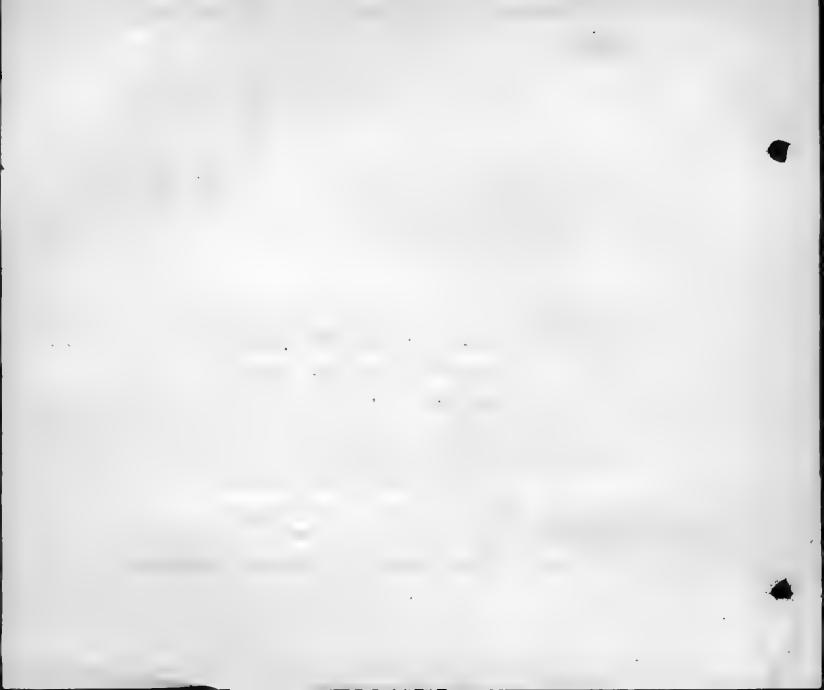
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2248

	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	MARYLAND	o. STATE A b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Halethorpe	Holethorp. X
/	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	2020 Norther, + Ave	2020 tentheys Aue YES NO
	3 NAME OF Pirst Middle	Lost 4. DATE Month Day Year
	(Type or print) Hatriett Ellen	BUNLIUS DEATH NOVEMBER 7 1961
		B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
	1-emale NEGRO WIDOWED DIVORCED	6-10-0/ 60 yrs.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	housewite	119 6.1.14,
1	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
)	Benjamin layne	Liddia Id estay
	(Ye), no, or unknown) (III yes, give wor or datas of service)	NFORMANT Address
	NO Va	mes Chambers 2015-Northerst Ave
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) NOCAR	DINL FAILURE 2 MWHHS
	DUE TO	
	Conditions, if ony, which) CARINDAL &	OF RY. BREAST EMETASTES
	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c) CACHEXI	<i>Y</i>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	3	YES NO
	ME TOR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the fact of work of work of work of work	ACE OF INJURY (Hame, form, 20f. (City or town) [County] (State)
- 1	p. m. 19 of work of work	
	21. I certify that I attended the deceased from SEFF	196/ to JNOV 196 that I last saw the deceased
	alive on 7 NOV 196/, and that death	accurred at M. fram the causes and an the date stated above
	0, 0, ()	ADDRESS (Street, city or lowngstyde) DATE SIGNED
	SIGNATURE SLOVEY STANDAM	M.D. 5609 muen fot Munday 27 of BNOY11
	PHYSICIAN'S	- A C- M ' el - el M
	NAME (Type) (7 ECTYPE L. JTHO PEYU	3608 181919 ST, E/Kr, 40 27 41/11-10-10
	220 BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d LOCATION (City, town, or county) [Stote]
	11-10-6 WESTERN	Star (em Balto Md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Allerent-un Home - 1:321 Arling	to Av DATE MIN 1 0 161 Cathy &



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporete limits, by the c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Fort Howard 15 Days Severn .5 7 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) llad d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Veterans Administration Hospital Box 306 YES NO X Quarterfield Served as WILLIAM 4. DATE DECEASED CHEW comple OF (Type or print) DEATH 19 MALLITW R. November CHEW carbon 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years HE UNDER 1 YEAR last birthday) Months Hours WIDOWED Male DIVORCED November 18,1894 Negro physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk - Retired U. S. Postal Service Galena, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding William Chew Catherine Peaker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT aften Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (Ifyes give werordates of sarvice) Fort Howard Division IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 DAY 4 POSTEROLATERAL MYOCARDIAL INFARCTION Signed IMMEDIATE CAUSE (e) certificate has been signer use as the burial-transit CORONARY OCCLUSION DUE TO Conditions, if any, which (b) gova rise to immediata causa DUE TO (a), steting the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? X NO E DIABETES MELLITUS 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) After this 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 (County) (State) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. DIRECTOR: / et work at work 21. I certify that (1) (this hospital) attended the deceased from 11/15/61 10 11/30/61 19 that (1)*(we) last the deceased from 11/15/61, 19, 10, 11/30/61, 19, that (1)*(we) last 19, and that death occurred a P.M, from the causes and on the date stated above. 2 /61 saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED STAFF DIRECTOR PHYS. PHYS. RAL 22c. PHYSICIAN S 22d. ADDRESS NAME (Type VAH.BALTO. 18 MD. FT. HOWARD DIVISION SEBASTIAN RUSSO, M.D. death.

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director,

be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Baltimore National Cemetery Baltimore Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATDEC 6 Charles R. Law Funeral Home . 802 Madison Ave. Baltimore Md.

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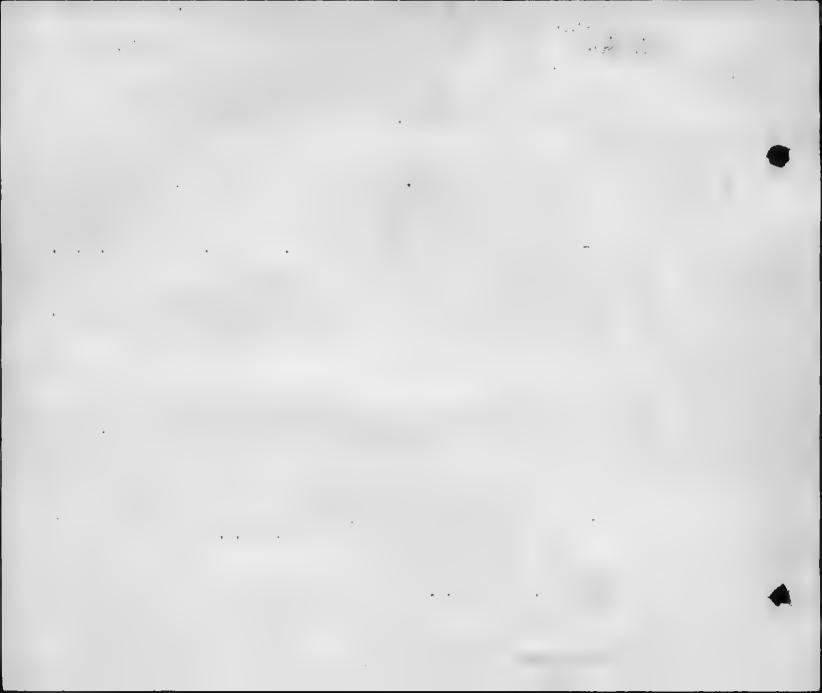
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adoression) b. COUNTY Baltimore Maryland MARYLAND by th b. CITY OR TOWN ,if outside corporate I mits, deat c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) .⊑₩ Owings Mills Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 4. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1617 Baker Street YES NO Rosewood State Training School 3. NAME OF 4. DATE complet DECEASED OF (Typa or print) DEATH Coffey Frances carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR 1 8. DATE OF BIRTH SEG lest birthdey) Months WIDOWED Female. 10a. USJAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or fora gar country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Dependent-never worked none U. S. A. Balto City, 17. INFORMANT David James Joseph Coffey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I (Yas, no, or unkown) ; (If yes giva war or detas of sarvice) Rosewood Records, Owings Mills, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), .b), and (c).) INTERVAL BETWEEN After this certificate has been signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Bronchopneumonia L week IMMEDIATE CAUSE (a) the burial-transit DUE TO (b) Acute bronchitis 2 weeks gave rise to immediate cause DUE TO (a), staling the undarlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? Mongolism with terminal Alzheimers Dementia 2 years. 208. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part It of Irem 18.) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm.) 20f. (City or town) DIRECTOR: Afra 3 should be detacl factory, streat, office bldg., atc.) _Not While Whila Hour a.m. at work at work 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. K PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Typa) Rosewood Lane, Owings Mills, Maryland Butler death TO FUT director be filed 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore, Maryland 11-16-61 New Cathedral Cemetery Burial 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)L 15M 9/60 Culling S. Krous

IARYLAND STATE DEPARTMENT OF HEALTH

ESTON STREET. BALTIMORE 1. MARYLAND



Division of ATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWNS If outside corporate limits, write RURAL and give nearest town) YOUR write RURAL and give naarast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., give streat address) d. STREET ADDRESS a. IS RES DENCE ON A FARM Loch Loch Raven Blvd. YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH Nov. 8. DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR . IF UNDER 24 HRS. last birthday) 1890 Months . Days 10a. USJAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewid pages 13. FATHER'S NAME O Mamie Daughetty_ mmett Marthr (Yas, no, or unkown) | (If yasgiva war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause par ly fo for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if eny, which (b) gava rise to immadiata cause **6**(3) **DUE TO** (a), stating the underlying Examiner cause last. should be used PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTOPSY CERTIFICATION PERFORMED? Madical Ex should be t NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I, of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 20d. NJURY OCCURRED 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 🔀 and in my opinion ō Undetermined manner death resulted from: Natural causes Accident Suicide Homicide DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE ÉIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 its designate SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22d, LOCATION (City, lown, or country) REMOVAL (Spacify) 40 g~ 24b. REGISTRAR'S S GNATURE 24a. REC'D BY REGISTRAR I VS. A1SME DATON 1 4 '61



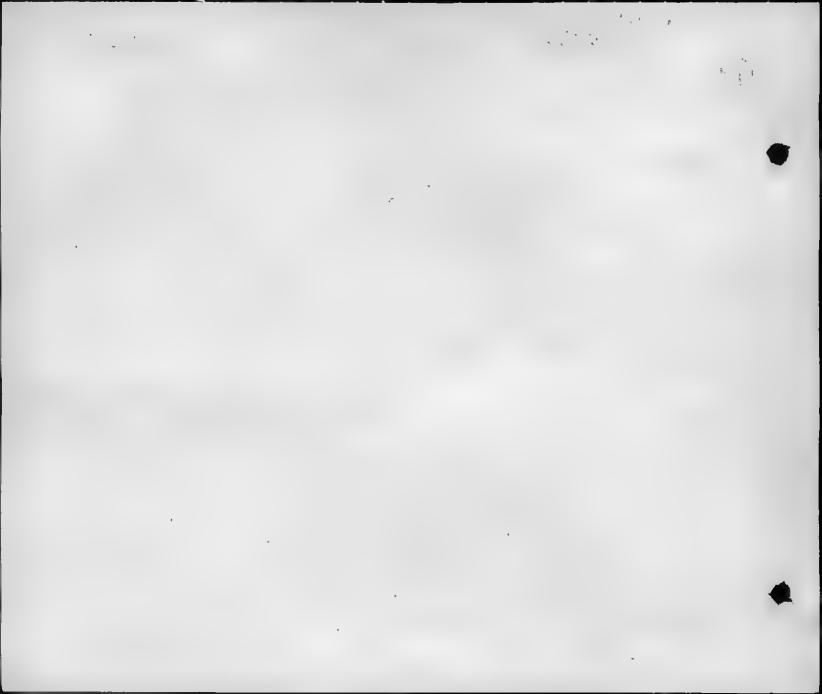
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I276761 PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) a COUNTY Page a. STATE MARYLAND b. CITY OR TOWN (if outside corporate I mits. director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) for your LTIMURE Boar d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give streat address) a. IS RESIDENCE 6606 RAVEN HILLRD ON A FARM? be retained State YES NO P NAMEOF Middla DATE DECEASED 2, and 3 to the OF with the (Typa or print) DEATH 19 6 COLOR OR RACE, 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH may 2 AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) and 2 hours Months Hours WIDOWED уга. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page in pencil in Item 18. Give Pages 1, done during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. 9 Rachel Ellen Barnes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) | (If yes give war or dates of service) LEONARD COHOL 6606 NAVEN HILL RD Office along with burial-fransit permi LNK EXAMINER: This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HAL INFARETION and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gave risa to immediate cause 40 **DUE TO** (a), stating the underlying scute the certificate, writing the word "pendin be forwarded to the Chief Medical Examiner" cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTORSY CERTIFICATION 2 PERFORMED? NO should ute the certificate of the Chief considerate of the Chief considerate of the Chief considerate of the consid 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of neury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection Inquiry L and in my opinion death resulted from: Natural causes Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE Address (Streat, city, town, or county) plnous NAME (Typa) DE 22a, BURIAL, CREMATION, 7 22b, DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Q40 9 Loudo 0 VS. A15ME C'an S. Krue '61 5M 7/59



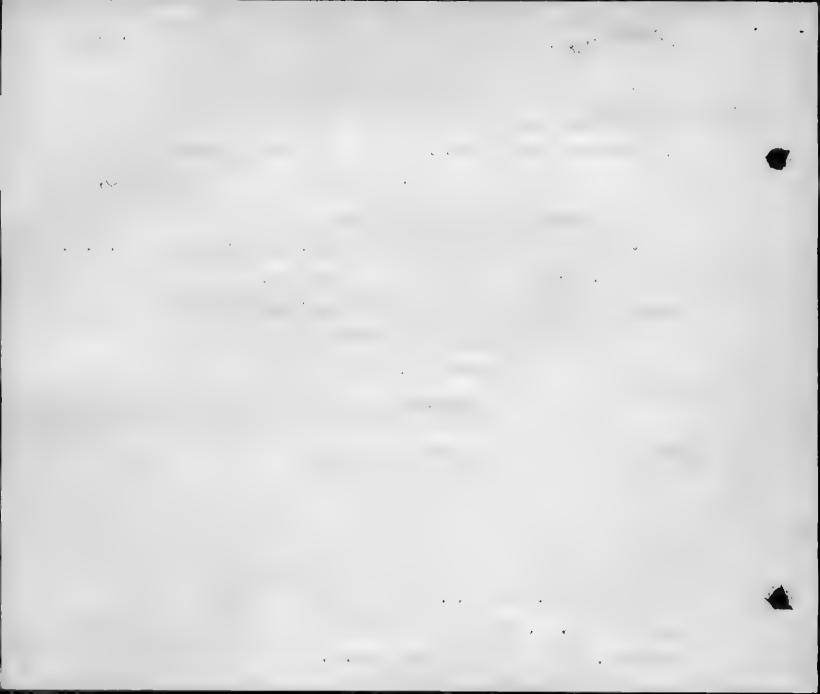
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	VR	A	15	(4)
	15	M S	9/6	o 🗈 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION RESTATISHED RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DENTE		2. USUAL RESIDENCE (Where decessed lived, If institution	, Residence before edmission)
Baltimore	MARYLAND	• STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outs de corpore write RURAL and give neerest tow	te limits. c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de carporete limits, wr te RURAL e	end give neerest town)
A Catonsville	13yr/mth28dys [ION (if not in hospitel, give street eddress)	Baltimore d. STREET ADDRESS	Jo. IS RESIDENCE
SPRING GROVE ST	ATT HC PITAL First Middle	1714 North Wolfe Str. t	ON A FARM? YES NO
(Type or print) Mail	rie A. Co	olleran OF DEATH November	6 1961 `
		DATE OF BIRTH 19. AGE (In years HE UNDER	
famale white		May 20, 1894 67 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if	f work 10b. KIND OF BUSINESS OR INDUSTR	RY 11 BRTHPLACE (County & State or foreign country) 12. C	TITIZEN OF WHAT COUNTRY?
none	NONE	Maryland U	. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_
Martin Colleran		Sara Collahan	
15. WAS DECEASED EVER IN U.S. ARME [Yes, no, or unkown] (Ifyesgivewerorde	D FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address	_
unknown		cords: SPAI G GROSS STALL	HC · ITAL
	ly one ceuse per line for (e), (b), end (c)]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAU		nia	ONSET AND DEATH
1 3 5 10	UE TO	7 à 4 de j. C. j.	
Conditions, if eny, which	(b) Senile brain di:	ease	1
geve rise to immediate cause	UE TO		
(e), stating the underlying cause lest.			
	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1,e) I 19. WAS AUTOPSY
САПО			PERFORMED?
PARY II. OTHER SIGNIF, CANT C	EATH	D, (Enter neture of in ury in Pertir or Pert II of item 18)	
20c. YIME OF INJURY Month, Do		ACE OF INJURY (Home, farm, 20f. (City or town) [Cotory, street, office bldg., etc.)	ounty) (State)
	nospital) attended the deceased from.	June 8 8 19 118 to Nov 6 1	9 6], that (I) (we) last
saw the deceased alive on	Nov. 6 19.61 , and that	death occured atgM, from the causes and on	the date stated above
220. SIGNATURE		ATTENDING MED STAFF	SIGNED
J.	wire 11 1 1 1 1	A,D PHYS. 🔀 DIRECTOR 🗌 PHYS 🛄 🔟	1-6-61
22c, PHYSICIAN'S NAME (Type)		22d. ADDRESS SPRI G ROVE ST I	HCorr AL
jte	ella Wacheler, N. D.	_ Catanaville 28, Mary	lami
23e. BURIAL, CREMATION, 23b DATE REMOVAL (Specify)	THEREOF 23c NAME OF CEMETERY	OR-ENDATORY 23d. LOCATION (City, fown or cou	nty) (State)
BURIAL 11/8	161 NEW CATHE	DRAL BALTO, MID	/
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	256. REC'D BY REGISTRAR 256, REGISTRAR'S	
WITZKEFIDIR	4101 EDMONDSON	AJE DATE DATE	. Tirana

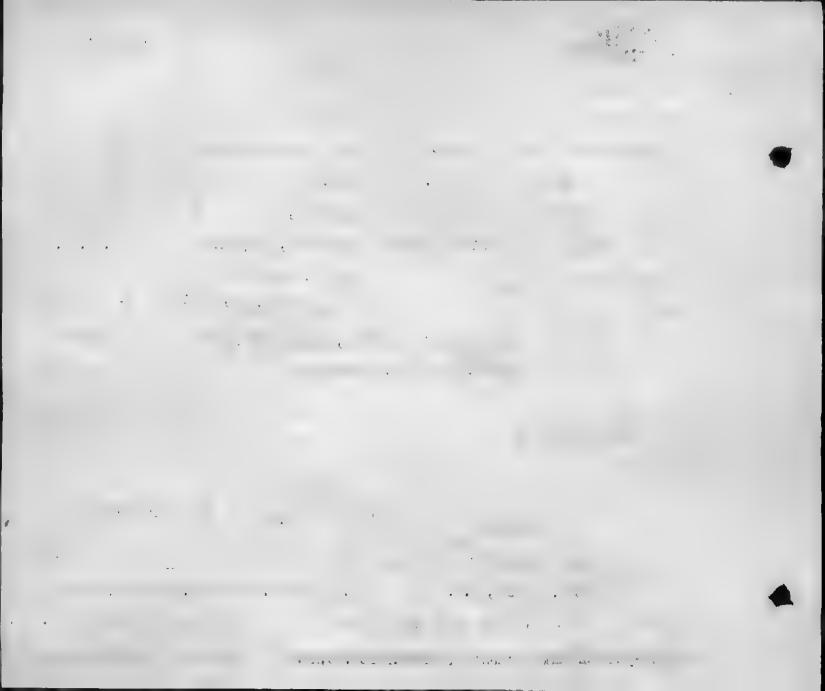


111	l t e	MARYLAND STATE DEPARTMENT OF HEALTH
11.		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	_	12200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12254
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution; Residence before edmission). 5. COUNTY 6. STATE 6. COUNTY
Sary Rage les.		Baltimore Maryland Maryland
8 5 E		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
		Fort Howard 79 Days Baltimore 12
A PLANT		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM
ate	_	Veterans Administration Hospital 1118 East Belvedere
dea State	3.	NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED OF
He the Table	-	(Type or print) CLARENCE W. CRABSON DEATH November 19, 1961 SEX 6. COLOR OF RACE IN MARRIED TO ALTER OF RIPTH SEX 6. COLOR OF RACE IN MARRIED TO ALTER OF RIPTH
A Sear	3.	last birthday) Months Days Hours Min.
ne 2 m	10:	Male White WIDOWED DIVORCED August 21, 1894 67 yrs. USDAL OCCUPATION (Give kind of work 10b. Kind of Business or Industry 11. B RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNT
1,2 2,2	do	ne during most of working life, even if retired)
Dot S. S.	13	Plasterer Construction Baltimore, Maryland U. S. A.
7 8 8 8 8		
E E E E	15.	Charles T. Crabson Lucia Belt WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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uted Item wit per per		Yes WW T 217-05=1594 FORT HOWARD DIVISION INTERVAL BETWEEN
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uld Jifio Wria Wala		Conditions, if eny, which (b) FRACTURED HIP, RIGHT
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cate in a single i		(e), stelling the underlying cause lest. (c) PYEIONEPHRITIS
"pe ", pe use use ion,	N O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS
is conditional state of the sta	3	CHRONIC MYOCARDITIS
and	CERTIFIC	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.)
S S S S S S S S S S S S S S S S S S S	ü	CAUSE OF DEATH.
製造品 第四人	Š	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1997) (County) (State) Hour e.m. While Not White 1997, street, office bidg., etc.)
X off To	MEDI	p.m 19 et work of work home Balto Md.
Dog Og		21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗍, Inquiry 🔲, and in my opinion
Gerting)		death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
he war		CHIEF MEDICAL EXAMINER
M. to the total		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Xect Xect BRA Sign		EXAMINER'S DEPUTY MEDICAL EXAMINER 11/20/61
Passon Should FUNI	320	NAME (Type) METVTN B. DAVTS, M.D. Address (Street, city, town, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specily)
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5 4 5 0	2.3	Burial Nov. 21, 1961 Druid Ridge Cemetery BALTIMORE COUNTY, MARYLAND
VS. A15ME		Burgea Funeral Home
5M 9,60	-	Horace F. Burgee, 3631 Falls Road, Balto.Md. DATE. DV 22'61 Collar S. Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased fived, If institution; Residence before edmission) 1. PLACE OF DEA e. COUNTY b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town! Fort Howard 98 Davs Baltimore .⊆ ~~ Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 1617 Cypress Street Veterans Administration Hospital 3 NAME OF 4. DATE Month Year OF DECEASED DEATH (Type or print) 19 61 HARRY CROGHAN November 6 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months and WIDOWED DIVORCED 69 Male White August physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE County & Stere, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police Officer Police - Retired Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A 13. FATHER'S NAME please attending Peter Croghan Mary E. Chambers Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Then [Yes, no, or unkown] | [If yes give wer or detes of service] Clinical Records, VAH, Baltimore 18. Maryland physician. WW I Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY. BRONCHOGENIC CARCINOMA, LUNG, WITH METASTASIS TO UNKNOWN IMMEDIATE CAUSE (0)_ signed BRAIN DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED UNKNOWN geve rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? SENTLE EMPHYSEMA NO 🗔 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. el work et work CIOR 21. | certify that 10 (this hospital) attended the deceased from July 31 5, 7161, to November 6161, that 10 (we) last saw the deceased alive on November 6 19.61, and that death occured at...A. .M, from the causes and on the date stated above 22b. DATE 22a, SIGNATURE 11/6/61 DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (THOMAS F. CRAHAN, M.D. VAH. BALTO. 18 MD. FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Baltimore, Maryland (A. A. F di New. 10, 1961 Holy Cross Cemetery ^o 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS BONERAL DIRECTION'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60 Ritchie Highway, Balto. 25, MPATE

MARYLAND STATE DEPARTMENT OF HEALTH



ofter death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

12270

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	Crone
	b Avenue
4	OOLE

23d. LOCATION (City, town, or county)

250 REC'D BY REGISTRAR

DATE NOV 1 3 '61

Baltimore Maryland

25b REGISTRAR'S SIGNATURE

Crimy S. Kroup

(Stote)

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		LACE OF DEATH COUNTY Baltim	ore		MAR	YLAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased	l lived. If institution b. COUNTY	an Residen	ce before ac	(mission)
	Ь		autside carporate limi	ls, wrîte	c LENGTH OF STAY	(IN 15	c. CITY OR TOWN (IF o	utside carpoi Le	rate limits, write R	URAL and g	jive nearest	town)
	c	OR INSTITUTION	orthridge		•		d. street Address 3507 Nort	thridg	e Drive		0	RESIDENCE ON A FARM? S NO
		NAME OF DECEASED Type or print)	DANTEL.	st W.	CRONE Z		Last	4. DATE OF DEATH	Mon Nove		Day 8,	Year 1961
	S. S		6. COLOR OR RACE		RIED NEVER MARR	(DATE OF BIRTH		9. AGE (In years lost birthday) 50 yrs.	IF UNDER		JNDER 24 HRS purs Min.
	_	MALE	White	WIDOW		<u> </u>	eb 6, 1911 RY 11. BIRTHPLACE (State	ar fareign ca		12 CITI	ZEN OF WE	AT COUNTRY
	100	during most of worki	ng life, even if retired	1	etail Jewe		Baltimon	_			USA	
	13, [ATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
		Daniel W.	Crone				Blanche	E L. C	rone			
			IN U. S ARMED FOR		SOCIAL SECURITY NO	w. 11 mon	ormant s. Sylvia Kat	tz Cro	ne- 3597		hridge	e Drive
		PART I DEAT	TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o	10	ine for (a), (b), and (c)		ey Thembo	si.			ONSET A	AND DEATH
		1/20.1 Conditions, if on	DUE TO		4R	uln	may infar	Fin	16			
		gave rise to im couse (a), stating the lying cause last.	mediate (
	CATION	PART II. OTHI			CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE	E CONDITION GIV	'EN IN PAR	PI	VAS AUTOPSY ERFORMED? S NO
	CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in I	Port 1 or Parl	t II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Новт а. т. р. т.	Month, Day, Ye	While	INJURY OCCURRED Not while rk at work		CE OF INJURY (Hame, farm ory, street, office bldg., etc.		or town)	(0	County)	(State
		-			ded the deceased	i mam	(e) 19	τ	nov. 8		*	(I) (we) las
		220 SIGNATURE	ed olive on 74				ATTENDINGM			on the	adie sic	22b DATE SIGNEI
		20 PHYSICIANIS D	udg. Co		- 1	N	DI PHYS. DI DI 22d, ADDRESS	RECTOR	STAFF PHYS			
		NAME (Type)	R. BERNAR	n.J	CHENI			0	1	100		

23c NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

ADDRESS

moy be TO HOSE VR A15 (4) 15M 9/59

230. BUR AL, CREMATION REMOVAL (Specify) Burial

24, FUNERAL DIRECTOR'S SIGNATURE

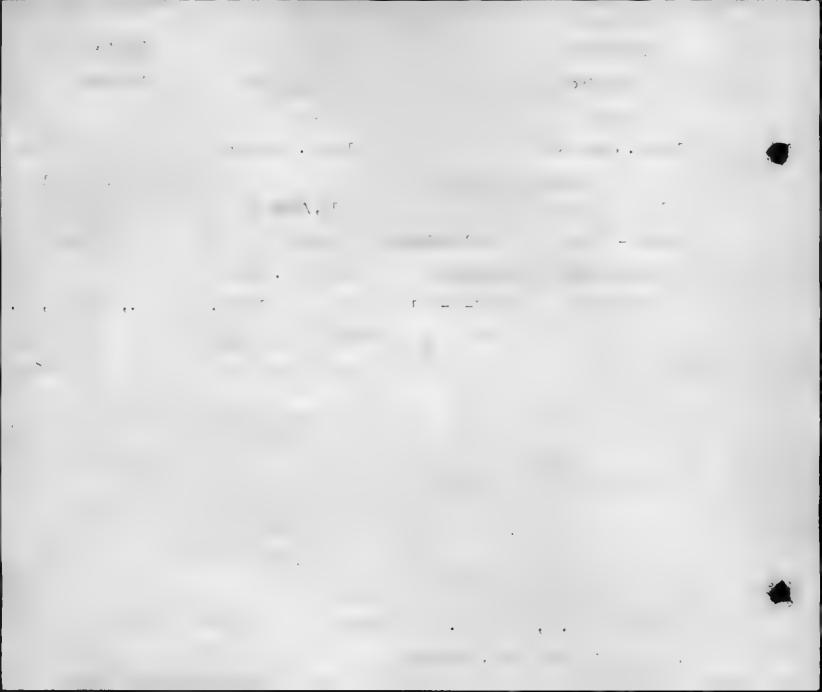
23b DATE THEREOF

Nov 10/61

Sol. Levinson & Bros. Inc. 6010 Reigt Road



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission) a. COUNTY Baltimore Baltimoro MARYLAND pue b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs'de corporata l'mits, write RURAL and give neerest town) C LENGTH OF STAY N 16 þ write RURAL and give neerest town) Towson .⊑ " Towson Pages pelli d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 1726 E. Joppa Road 1726 E. Joppa Road papers. 3. NAME OF I, DATE Middie complete DECEASED OF (Typa or print) DEATH 19 61 CHARLES HOCKING CROSS November and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours Male White WIDOWED [DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? Carpenter retired USA Self employed Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Dorothea L. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give wer or detes of service) Kenneth Cross, 1726 E. Joppa Rd., Towson 4, Md. No None 1B. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260X DUE TO Conditions, if eny, which geva rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19 9 FERFORMED? IS FD NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of item 18.) etached for 20e, PLACE OF INJURY (Home, farm, (State) 20d, INJURY OCCURRED 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. PM, from the causes and on the date stated above. , and that death occured at.3. saw the deceased alive on. 22b. DATE 22a. SIGNATUR ATTENDING P DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed v 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Maryland Freeland. Mt. Zion Cemetery OI Burlal 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) John Burns' Sons, Towson, Maryland 15M 9/60 DABEC 6_ 161



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12272 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore
b. CITY OR TOWN (if outs'de corporete limits, MARYLAND Maryland c. CITY OR TOWN (if outside corporate rimits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Baltimore d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X Veterans Administration Hosdial 5523 Ashbourne Road DATE DECEASED OF (Type or print) WITLI.TAM J. DAVIES DEATH 61 19 November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | FUNDER I YEAR | IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED [DIVORCED T August 9 White Male 10a. LSUAL OCCUPATION IG've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Philadelphia, Pennsylvania Guard-chauffeur U.S. Government U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Gray Thomas Davies 16. SOCIAL SECURITY NO. 17 INFORMANT Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | [If yes give war or dates of service] 136-01-5172 FBRT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, CARCINOMA OF ASCENDING COLON WITH METASTASES UNKNOWN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 163 gava rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? K ON 20b. DESCRIBE HOW INLIRY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20%, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Yeer While Not While factory, street, office bldg., etc.) at work at work 226. DATE ATTENDING STAFF SIGNED 16/61 DIRECTOR PHYS. 22d. ADDRESS 22C. PHYSICIAN'S ROBERTSON, GR., M. D. VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION __ 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Steta) 28, Maryland Baltimore National Cem. Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE **ADDRESS** Wm. Cook-Blight, Inc.,6009 Harford Rd.,#14

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please attending

attending physician. as been signed by the

certificate has been signer to use as the burial-transit prior to burial, cremation,

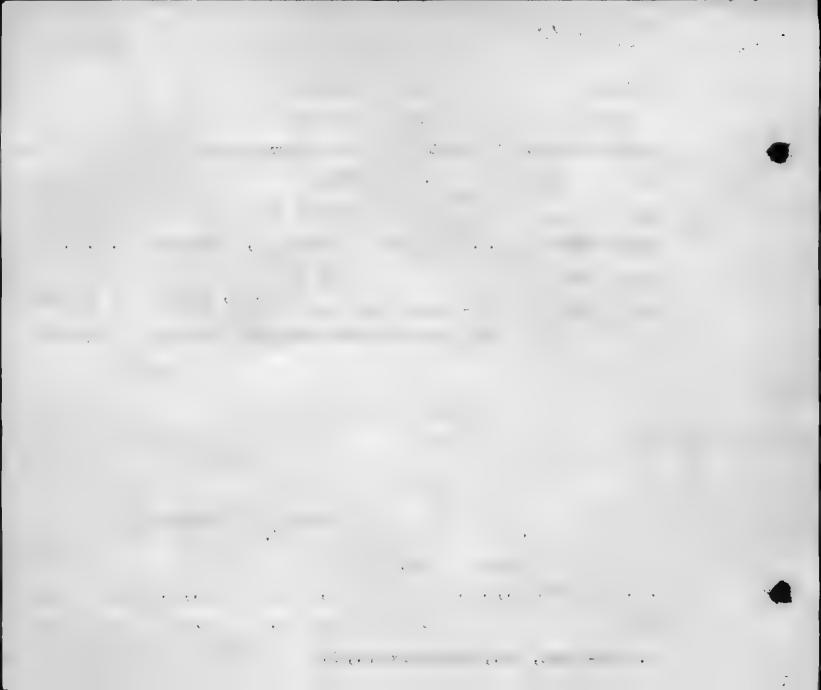
o 4 may be retained by the hc AL DIRECTOR: After this ca-je 3 should be delached for un-the State Dent All III.

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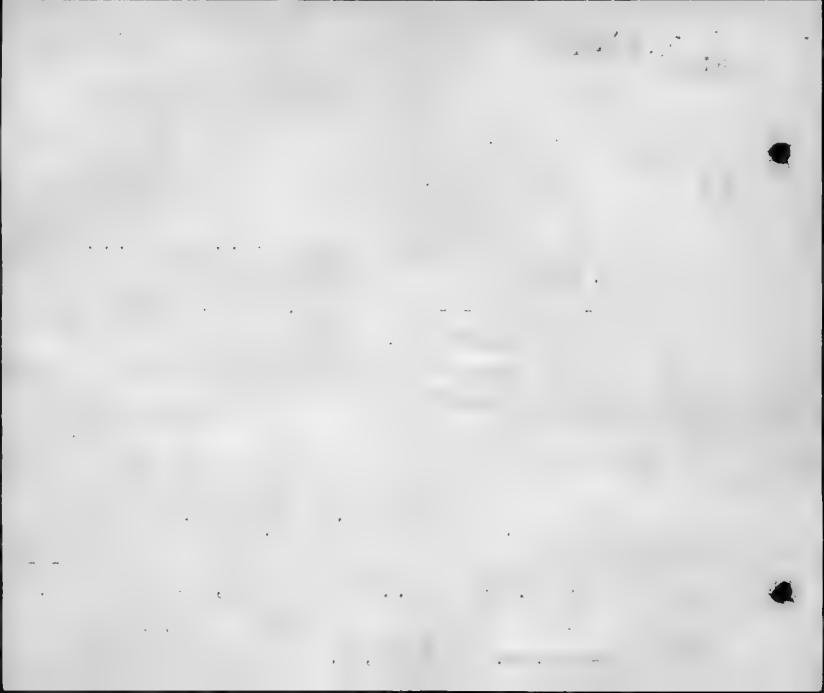
VR A15 (4)

15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY **b.** COUNTY a STATE ed in by the f ges 1 and 2 s after death. Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate l'mits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURA; and give neerest town) write RURAL and give negrest town 6 days Fort Howard Baltimore -Pages IS RES.DENCE lled d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospite,, give street eddress) d. STREET ADDRESS 20 ON A FARM? hours 2907 Dunmurry Road Veterans Administration Hospital YES NO. papers. 3. NAME OF First Middle 4. DATE сотріется DECEASED OF (Type or print) DEATH 19 61 JAMES November carbon 9. AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1F UNDER 24 HRS. B. DATE OF BIRTH lest birthday) and Months Days Hours March 2. WIDOWED DIVORCED [event. Male White physician 1 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Stete, or fore gn country) 10b. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired) U.S.A. Steel Industry Statesville, N.C. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please altending Ella Johnston Luther B. James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records VA Hespital (Yes, no, or unkown) | (Hyes give wer or detes of service) 213-09-4380 Baltimore 18. Maryland - FORT HOWARD DIVISION_ WW-1 r attending physician. has been signed by the INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA AND PULMONARY EDEMA DAY IMMEDIATE CAUSE (a) burial-transit DUE TO ARTERTOSCLEROTIC CARDIOVASCULAR DISEASE MANY YEARS geve rise to immediate cause DUE TO (e), steting the underlying RECENT CEREBRAL THROMBOSIS certificate har ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED? hospital YES NO 1 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem IB.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH for the tained by the IR. After this a detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work et work may be retaine DIRECTOR: / saw the deceased alive on. Nov. 19 19.61, and that death occurred at B. M. from the causes and on the date stated above. ⊽ 22b. DATE 22e. SIGNATURE SIGNED MED STAFF PHYS. X DIRECTOR PHYS. ERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Baltimore 18. Md - Fort Howard Div. director, E Ernest FUN 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY death. 236, BURIAL, CREMATION, 236. REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Harford Road imore II. Md. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus DAMENY 21 15M 9/60 William Cook-Blight. Inc. Bal timor e

MARYLAND STATE DEPARTMENT OF HEALTH



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papers. Pages 1 and 2

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within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

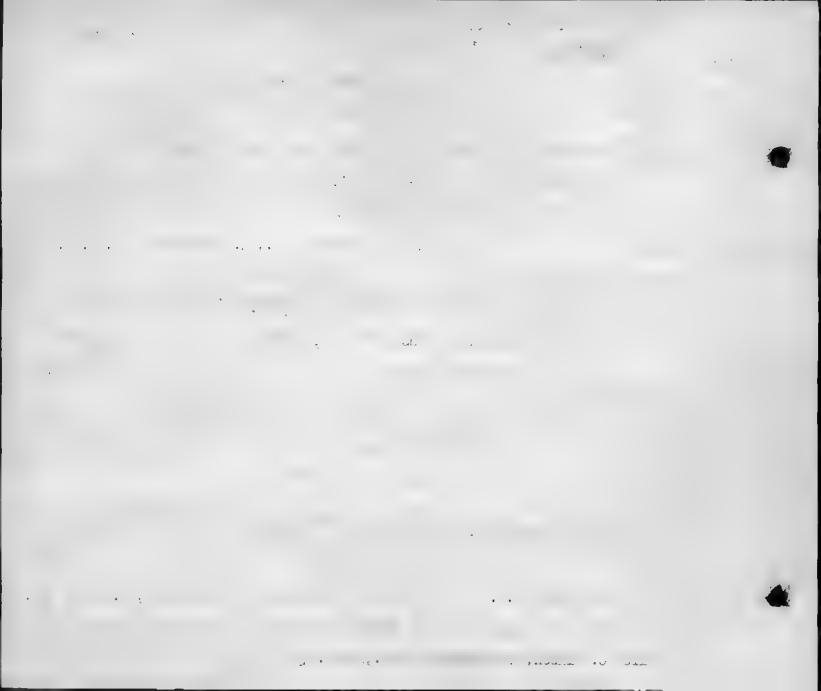
CERTIFICATE OF DEATH

12260

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	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
	Baltimore	Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c, CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
>	Fort Howard 9 Days	Baltimore
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	Veterans Administration Hospital	1210 West Franklin Street
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print) JOHN	DAVIS DEATH November 16 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.
		agust 16,1891 70 yrs.
	10a. LISJA. OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUST dona during most of working life, even if retired)	RY 11 B RTHPLACE (County & State, or fore gin country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer Construction	Harnett Co., N. Carolina U. S. A.
	Henry Davis	Susanna Smith
	[Yes, no, or unkown] [[Iyes giva war or dates of service]] [INFORMANT Records, VAH, Fort Howard Division
	Yes WW I	altimore 18, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ON SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCUS PNE	TUMONIA, LEFT LUNG UNKNOWN _
	40 1X XXX	·
	Conditions, if any, which gave rise to immediate cause	UNKNOWN
	(a), stating the underlying DUE TO	
	cause lest. (c)	
	PAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	S 20. ACCURATE WAS INDEPLYING ET ORL DESCRIPTION OCCUPANTION OCCUPANTION	YES X NO
	OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of Injury in Pert I or Part II of Item 18)
		ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) tory, street, office bldg., atc.)
	Hour a.m. p.m. 19 While Not While lack at work at work	(47) alled Julius Brody, dice)
		November 7. 151, to November 16 19 61, that (X (we) last
	saw the deceased alive on Myember 16.1961 , and that	t death occured at 15M, from the causes and on the date stated above.
	22a. SGNAPORE	ATTENDING MED STAFF 22b. DATE
		D PHYS. DIRECTOR PHYS. A 11/16/6
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	SEBASTIAN RUSSO, M.D.	VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIV.
	The street open troop on the respective to the street of t	
	236. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Burial //- 26-6/ Bettimore Nat:	ional Cemetery Baltimore 28, Maryland
	236. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	ional Cemetery Baltimore 28, Maryland 25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death vertificate by the hospital or attending physician.

TO FUNCERAL DIRECTOR: After this certificate has been signed by the stending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4) 15M 9/60



TO HOLLYTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death of 4 may be retained by the hospital or attending physician, and complete within 24 hours after the formal of 4 may be retained by the hospital or attending physician and complete within 24 hours a feet the formal of 2 may be seen as the feet of the feet of 2 may be seen the feet of 2 may a feet of 12 may

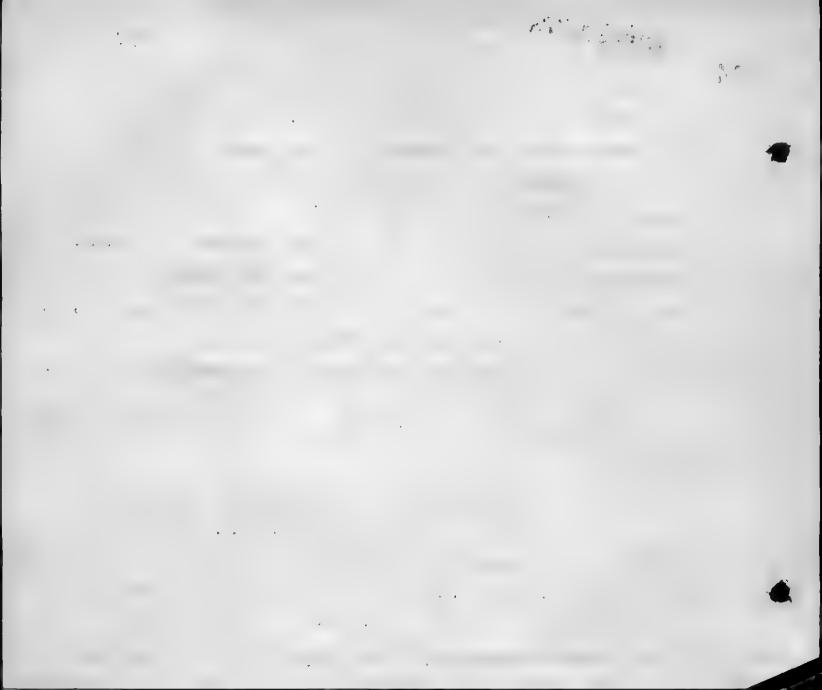
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCE	H AND RECORDS, 301	W. PRESTON STREET,	BALTIMOREN, MARYLAND
DIVISION OF STATISTICAL RESEARCE	CERTIFICATE OF	FDEATH	12201

П	1. PLACE OF DEATH	-	2. USUAL RESIDENCE (Where dec	eased lived, If institutions	Residence before edmission)
V.	Baltimore	MARYLAND	•. STATE Maryland	b. COUNTY	Anne Arundel
X	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	E LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	reto limits, write RURAL a	nd give neerest town)
4	Catonsville	1mth2dvs	Glen Burnie		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d STREET ADDRESS	I W	a. IS RESIDENCE
Ž.	SPRING GROVE STAFE HOS	TIDAT	3 f 3 f i m:		ON A FARM?
4	SPRING GROVE STATE HOS	J'I'AL Middle	1515 Tiemon Driv	e Month	Dey Year
-1	DECEASED	modio	OF		/ /-
_	(Type or print) Grace	Del	Brocco DEATH	November	6 1961
1	5 SEX 6. COLOR OR RACE 7, MARRIE	NEVER MARRIED 🔲 8.	DATE OF BIRTH	AGE (In yeers IF UNDER lest birthdey) Months I	1 YEAR IF UNDER 24 HRS.
	female white WIDOWE	DIVORCED .	Feb. 2, 1899	62 угз. 1	Days Hours Min.
1		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stele, or for	oreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
1	done during most of working life, even if rel red) 100000000000000000000000000000000000	Clothing Fact	ory Italy	T-	talv
ŀ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4	
V	Jack Montalto	1	Agatha Buroc	0	
炐	15. WAS DECEASED EVER NU.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 11	NFORMANT	Address	
1	(Yes, no, or unkown) (Ifyesgiveweror detes of service)	15-03-7946 Re	cords: SPRING CROV	E STAIR HO	STTAL
1	18 CAUSE OF DEATH [Enter only one cause per l			a water in	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY.	0:00 0:0	m		ONSET AND DEATH
1	IMMEDIATE CAUSE (e)	max juliu	e - amura		4 days
1	DUE TO	hi hal-V	-00 to		2 1
1	Conditions, if ery, which (b)	ra seces 17	ellitus		
1	(a), steting the underlying DUE TO		,		
	ceuse lest.				
	Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CON A COLOR OF CONTROL OF C	Rulest-hip	Lucture Januar	41961	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 206. DES		Enter neture of in ury in Part I or Part II	of item 18)	1.07
- 1	1	I LI SUM !		. Clian of we	unay
1	S 20c. TIME OF INJURY Month, Day, Yeer 2Dd.	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm, 20f. (City, streat, office bldg., etc.)		unty) (State)
ı	20c. TIME OF INJURY Month, Day, Yeer Multiple Month, Day, Yeer While at world	Not White	Horne	enturine	Markerd
	21. certify that ((this hospital) attend	ied the deceased from.	Aug. 16 19.61, 10.	Nov. 6 19	Ql., that (I) (we) last
	saw the deceased alive on Nov. 6	19.61 and that	death occured at	the causes and on	the date stated above.
.	22e. SIGNATURE	·			22b. DATE
1	(7 4)	acrel or m	ATTENDING MED. PHYS. X DIRECTOR	STAFF PHYS.	1-6-67 SIGNED
4	22c. PHYSICIAN'S	, , , , , , , , , , , , , , , , , , ,	22d ADDRESS	CDO DI TRAM	TARTOSTE
	NAME (Type) Stalla Wachul	er. M. D.	SPRL.IG		
		23c. NAME OF CEMETERY C	- Gatensv	ille 28, Mai	cy and (Stete)
0	23e. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)				(Minual
3	Burial 11/9/61	Holy Redeemer		imore, Md.	64.00 1 4.00 10.0
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		RAR 256. REGISTRAR'S	SIGNATURE
Į	le Vernon Jemmon 4611 Pa	rk Heights Ave.	Balto DATENOV 8 '61	Cilve &	House

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

	1227	78	ON OF	CERTII	FICA	TE OF DEAT		MARYLAND	100) (C A	
1.	PLACE OF DEATH o. COUNTY	ltimore		MAR	YLAND	2 USUAL RESIDENCE (Vo. STATE	Where decease yland	ed lived If institution b. COUNTY		efore admis	
H	b. CITY OR TOWN (If	autside corparate limit	s, write	c. LENGTH OF STAT	/ IN 1b	c CITY OR TOWN (I		orote limits, write R			
	RURAL and give ne Sparks	rural		10 yrs		Spar	ks r	ural			
	or institution Yeoho	Rd .	ive street	oddress)		d. STREET ADDRESS Yeoho	Rd.			ON	SIDENCE A FARM?
3.	NAME OF DECEASED	Firs	st .	Middle	0	Lost	4. DATE	Mon		Day	Yeor
L	(Type or print)	Peter	Rol	Drummor	ıd		OF DEATH		11-15		19 6
S.	SEX	6 COLOR OR RACE	7 MARE	RIED 🕅 NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Do		
L	male	, , , , , , , , , , , , , , , , , , , ,	WIDOWI			4-9-1897		64 yrs.			
10	 usual occupation during most of work 	N (Give kind of work or ing life, even if retired)				STRY 11. BIRTHPLACE (Sta		_		OF WHAT	
L		gical Eng		Smelting	Co.	Scotlan		gland		U.S.A	A .
13	FATHER'S NAME					14 MOTHER'S MAIDEN					
		Drummond	ee a 1		. 1	Mary Po	ole				
15		R IN U.S. ARMED FORG If yes, give wor or dates of se		SOCIAL SECURITY NO		NFORMANT		Adde		-	
	no			9-12-9738		uth J. Dre	mmond	, Spar		d.	
		TH (Enter only one cou	use per li	ne far (a), (b), and (c)	.]					NTERVAL B ONSET ANI	ETWEEN D DEATH
	PAKI I DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ur	emile						5das	10
	- 92×	DUE TO	0.1			g the s					9
	Conditions, if an		Ch	unic ny	shre	us				72 ge	NUCL
	couse (a), stating t			·						V	
	lying cause last.	J (c)	DITIONIC (CONTRIBUTION OF THE	ATU DU	NOT BELLTED TO THE TER	MAINE SIEE	of companion on	PALIN DART 16	Tro MAS	ALITORS
CATIO						NOT RELATED TO THE TER		SE CONDITION GIV	EN IN PAKE I(PERF	ORMED?
CERTIFI	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY (CCURRE	O. (Enter nature of injury i	in Part I or Po	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m	/ Month, Day, Yea	While	NJURY OCCURRED Not while t of work	20e. PL fo	ACE OF INJURY (Home, fo ctory, street, office bldg.,	orm, 20f. (Cit	y or tawn)	(Cour	aty)	(Stat
		t (I) (this hospital) attens	led the deceased	l from	may	1947. to	15 nov.	1961	thot (I)	(we) lo
	saw the decease	ed olive on 5	Nov	19 6 1. and		deoth occurred of					
	22-DEICHIATURE	. /)	-								2b. DATE
	House	ples Lock	ara	Ç.		M.D. PHYS	MED DIRECTOR	STAFF PHYS			SIGNE
	22c. HHYSICIAN'S NAME (Type)	J. DOUGLA	s LO	CKARD, M.D	•	902 Ca	thedra	L Street,	Balto.	, 1,	Md.
23	BURIAL CREMATIO	N. 235 DATE THEREO	F	23c NAME OF CEA	AETERY C	OR CREMATORY	23d LOC/	Cily, town, i	or county)	(Sto	ate)
	Burial (Specify)	11-17-6	1	Cedar G	cove		Pa	rkton, 1	Id.		
24	ELINIEDAL DIDECTORS			ADDRESS			C'D BY BECK	TOAD SSL PEG!	STRAP'S SIGNIA	THE	

Md .

NOV 2 0 '61

DATE

Brooks Funeral Service, Towson 4,



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 36	g-/	L	12271) Item 7 Film CERTIFICATE OF DEATH Reg. Dkt 2065
Poge director	M)	1.	PLACE OF DEATH o. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY
death.	V	F	b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) RURAL and give pearest town)
s ofter the fa	41	r	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION O. IS RESIDENCE ON A FARM?
4 hour	1	3.	NAME OF DECEASED Manife Day Year DECEASED Manife Day Year
ithin 2 ely fille Pages		5.	(Type or print) ADRAH // Z3-196) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS
uted w implete		100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPEACE (State or foreign equality)
and co		13	Live to Mens Furnishing Russia WS A FATHER'S NAME WENS FURNISHING RUSSIA WAS FURNISHED RUSSIA WA
icate b		L	Talman not known
r certiffing phyeremore		15.	MIS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Sp. or unknown) (II you, give war or dates of service)
attendi n pleas within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Major partial Death Security A Line of the course per line for (o), (b), and (c).]
that the by the r. They			DUE TO 1 TO 1
quires igned permi			gove rise to immediate cause (a), stating the under-
faw reg sysician been s transit	C	NOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
N: The ding pł ding pł ote has		RTIFICA	YES NO POR ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
r offencertification as the		ICAL CE	[IF ETHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole
pital a rr this for use crema		MED	p. m. 19 of work of ot work
ENDIN he has R: Afte ached burial,			alive an
R ATT ad by t RECTO be det	,		ACTUAL SIGNATURE With 1 For Care M.D. 6209 Francis Our 1624 6
Should strar pri	1		PHYSICIAN'S Wilmer K. Gallager Ballioner 28 may
moy be FUNER poge 3		220	DEBTIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATIONS (City, town, or county) (State)
Q ° Q ° ÷	我	23.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LILLE LAC. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DATE ADDRESS ADDRESS DATE ADDRESS DATE ADDRESS
15M 10/57	-	17	DATE NOW 27 61 Opening S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (if outs da corporata fim ts, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town Fort Howard 5 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Veterans Administration Hospital 1639 Fleet Street Middie DATE DECEASED OF (Typa or print) DEATH 19 13 19 61 IF UNDER 24 HRS. DUMBROWSKI November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR 8 DATE OF BIRTH last birthday) Months WIDOWED Y DIVORCED White September 10a USUAL OCCUPATION (G.va kind of work 106 KIND OF BUSINESS OR INDUSTRY I 12, CIT.ZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if retirad) Shoe Repairman U. S. A Shoe Shop Poland 14. MOTHER'S MAIDEN NAME Adam Dumbrowski Josephine Staiak Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. (Yas, no, or unkown), (Ifyasgive war or datas of service) Yes FORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN RECENT DEATH PART I. DEATH WAS CAUSED BY: PULMENARY CONGESTION AND EDEMA IMMEDIATE CAUSE (a) UNKNOWN ARTERTOSCIEROTIC HEART DISEASE UNKNOWN Conditions, if any, which NEPHROSCIEROSIS. ARTERIOSCIEROTIC gava rise to immadiate causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Benign Prostatic Hypertrophy NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 5 or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm. 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar Not While factory, straat, off ca b.dg., atc.) . Hour a.m. at work at work n.m. 21. I certify that (IX (this hospital) attended the deceased from. November. 8_19.61 toNovember. 13 19.61 that (IX (we) last saw the deceased alive on... November 13.1961..., and that death occured at.... 39, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE # DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS THOMAS CRAHAN. M.D. VAH. Baltimore 18. Maryland Ft. Howard Div. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial Baltimore National Cem. Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arihar S. Kraus Wm. Cook-Blight, Inc., 6009 Harford Rd., Baltol4, Md PANOV 1 5 '61

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DIRECTOR:

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VR A15 (4)

15M 9/60

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Pages filled i

death.

72 hours after



MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

a. IS RESIDENCE ON A FARM?

YES NOXX

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

tuo

WAS AUTOPSY PERFORMED?

NO

(Stata)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

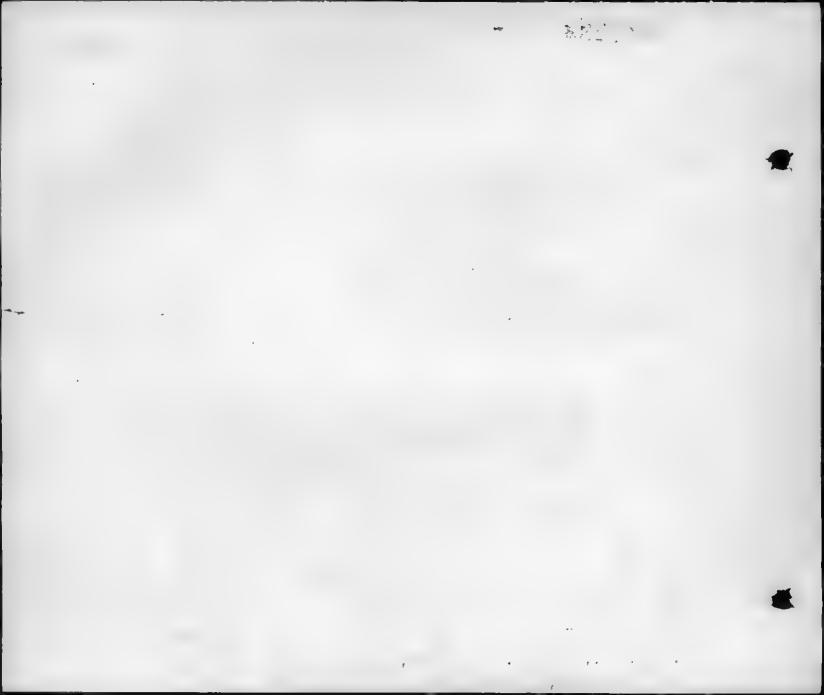
U. S. A.

(County)

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If instit tran Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b COUNTY MARYLAND eral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write pe RURAL and give nearest tawn) Baltimore 15. ock eyerille e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? OR INSTITUTION YES NO anylana asonic Middle OF DEATH DECEASED Novembern 1961 fille Pages death, (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months after Fimale WIDOWED -DIVORCED | campl 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup ttouse wit 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Explen Fredericka Contes Jacob physici 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Masonic ottending I please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ Generallized Onteniascherosis Heans the **DUE TO** é has been signed by Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the under**burial-transit** lying couse lost. by the haspital or attending physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) L DIRECTOR: After this certificate 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) 20c. TIME OF INJURY 20d INJURY OCCURRED Doy, Year factory, street, office bldg., etc.) be detached for use of Health priar to b While Hour a.m. Not while at work of work 21. I certify that (I) (this haspital) attended the deceased from Get 1961, and that death occurred allight, from the causes and an the date stated above. saw the deceased alive an 22b, DATE 22o SIGNATURE SIGNED M.D. PHYS MED. STAFF PHYS. ined 22d. ADDRESS 22c PHYSICIAN'S should NAME (Type) 23d. LOCATION (City, town, or county) TO FUNE 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY (State) agod BURIAL (Specify) 11-30-61 Loudon Park Cemetery Baltimore 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24, FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook, Inc., 1217 St. Paul Street, Zone 2 DATE 104 2 9 161 1SM 9/59



TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled any the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after-death.

VR A1S (4) 1SM 9/S9

12283

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12269

ľ	Baltimore	MARYLAND	o. STAT			d lived. If institution b COUNTY	Balti		ssion)
	b CITY OR TOWN [If outside corporate limits, write RUPAL and give negrest form] Rural - Randalls town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Randallstown							
	d. NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION Box 244, Liberty Road	dress)		et address 244, Lit	perty	Road		ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print) Mr. Paul	Middle	Elde	Last r	4. DATE OF DEATH	Month November		Day	Yeor 19 61
S.	Male White WIDOWED		June	^{віктн} 19, 1885	5	9. AGE (In years II lost birthday) 76 yrs	Months Do	ys Hour	DER 24 HRS. Min.
		Drydock		Baltimo	ore	ountry)	12. CITIZEN	U.S.	COUNTRY?
13	FATHER'S NAME Henry C. Elder		14 MOTE	catherir		Carren			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC		formant s. Ma	ude E. I	Dittus	Box 244 Randall	Libe	rty F	Road
	1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)						- 11	NTERVAL I	BETWEEN D DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoting the under: Lying cause tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART 1(PERF	AUTOPSY ORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJI Hour a m, p m, 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	URY OCCURRED 20e. PLA Not while foc	CE OF INJU tory, street,	IRY (Home, farm, office bldg , etc.)	20f. (City	or town)	(Cou	nly)	(Stote)
	21 I certify that (I) (this haspital) attended the deceased fram								
	saw the deceased alive on19and that death accurred atM, from the causes and an the date stated abave. 220 GNAT/RE								
	NAME (Type) Dr. Romulus V. H	ouck, Jr.	I	iberty I	Road,	Eldersbur	g		<u></u>
23	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11/8/61	23c NAME OF CEMETERY OF Loudon Park				TION (City, fawn, or Ltimore		arylı İarylı	ote) ad
. 24	FUNERAL DIRECTOR'S SIGNATURE 8 Loring Byers Ri	728 Liberty Roandellstown, M	oad Id.	25a. REC'D	9 '61		RAR'S SIGNA		



MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion) is necessary, director. Page e. COUNTY f.les. MARYLAND b. CITY OR TOWN lif outside corp c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL and give nearest town) director. Boar 5 e. IS RESIDENCE ON A FARM? NO 3. NAME OF Middle DATE DECEASED OF uld be executed within 24 hours after death. If a in pencil in Item 18. Give Pages 1, 2, and 3 to the (Type or print) DEATH 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years | If UNDER 1 YEAR 7. MARRIED [NEVER MARRIED birthday) Months DIVORCED and 7 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Birmingham, Ala. pages | within e along with form EM3. Eltransit permit. File pages and in any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((fyesgivewerordelesofservice) 18. CAUSE OF DEATH | Enter only one cause per line INTERVAL BETWEEN REBRO-VASCULAR HOCIDENT PART I DEATH WAS CAUSED BY: Office TEROSCIERATIC CHADIOVISCULAR DISEASE removal, Conditions, if any, which geve rise to immediate cause "pending" DUE TO (e), steting the underlying Examiner 8 cause lest. cremation, PART I, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 scure the certificate, writing the word NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18,) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. forwarded to the Chief L. DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJRY OCCJRRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 1 Natural causes 17. Accident Sutcide death resulted from. Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER 🗔 DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) WIL Address (Street, city, town, or county) should please 4 shoul TO FUN 226. BUR, AL, CREMATION. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) TO DE REMOVAL (Specify) Mt. Auburn Baltimore, Maryland ö Burial 12-1-61 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME 802 Madison Ave., Balto., Md. 5M 7/59 Charles R. Law

LAND STATE DEPARTMENT OF HEALTH



STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) I. PLACE OF DEATH e. COUNTY Page a. STATE b. COUNTY is necessary Baltimore Maryland Baltimore MARYLAND al director. b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give necrest town) Sparrows Point Baltimore-lh jo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) TREET ADDRESS 800 e. IS RESIDENCE ON A FARM? be retained h the State B Bethlehem Steel Co. Dispensary YES NO D death. NAME OF Middie Year INTEDICAL EXAMINER: This certificate should be enecated within 24 hours after death. It is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rest. DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the Sated agent, prior to burial, cremation, or removal, and in any levant within 72 hours after de-DECEASED OF (Type or print) Joseph Ellardo DEATH Nov. 19 61 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In voers . IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Y NEVER MARRIED lest birthday) Months Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work ! IDb. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Stee] Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (If yes give war or dates of service) same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) geve rise to immediate cause execute the certificate, writing the word "pending" lid be forwarded to the Chief Medical Examiner's IERAL DIRECTOR: Page 3 should be used as a designated agent, prior to burial, cramation, or ren DUE TO (a), stating the underlying cause last. íci PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY CERTIFICATION PERFORMEDI YE5 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of in very in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY LEDA. INJURY COURTED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry Land in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** M. B. Davis, M.D. NAME (Type) Address (Street, city, town, or county) please 4 shoul TO FUN 228. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, lown, or country] D 32 REMOVAL (Specify) ō 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kraus Harford Road #14 DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution, kerdence before admission) a. COUNTY b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Catonsville ء. Baltimore Pages aff led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? STAT. Horton Avenue GROVE YES NO 3. NAME OF First Middle Last 4. DATE Month 77 OF comple 2819 (Type or print) DEATH November Ethel Feehley 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8 DATE OF BIRTH IF UNDER 24 HRS. and lest birthdey) Months | Devs WIDOWED T female DIVORCED Dec.27 1899 61 yrs. 1Da. USJAL OCCUPATION (Give kind of work physician 106, KIND OF BUSINESS OR INDUSTRY remove 11 BRIHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if relired) housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending pleas unknown unknown 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) i (Ifyes give wer or detes of service) Records: 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) signed burial-transit DUE TO Generalized arteriosclerosis Conditions, if any, which peen (6) gave rise to immediate cause DUE TO (a), slating the underlying the PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY certificate ATION hospital PERFORMED? Se NO DO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18,) 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for the After 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (Courty) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af el work et work Nov. 28, 19 61 that (I) (we) last 21. I certify that (it (this hospital) attended the deceased from July 22 19 Nov. saw the deceased alive on... 22a, SIGNATURE ATTENDING SIGNED MED PHYS. DRECTOR PHYS. ERAL 22c, PHYSICIAN'S 22d. ADDRESS SPRING NAME (Type) Stelda Wachsler, M. D. Catonsville 28, Mary and FUN 238. BURIAL, MEMATION, 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) (State) 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Krous 15M 9/60

Fort are 30, City

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12287 **CERTIFICATE OF DEATH** Reg. Dist No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY should be filed b. COUNTY MARYLAND Baltimore Marvland innerol b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7906 Milbury Road 7906 Milbury Road YES NO NAME OF First Middle 4. DATE Month Dov Yeor DECEASED E DEATH (Type or print) BENJAMIN (BENNY) November 19 61 PERM S. SEX 6. COLOR OR RACE 7. MARRIED TR NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours White April 26, 1906 papers. Male WIDOWED [7] DIVORCED T yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) Drapery Business Austria USA puo Proprietor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Feit Mollie? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If was, give wor or dates of service) WWII Mrs. Rebecca Feit- 7906 Milhury Road 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** New Hoast Deserve permit. Conditions, if any, which ! **(b)** gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED [County] (Stote) factory, street, affice bldg., etc.) Hour a.m. Not while ot work at work . 19 6 1, that I lost saw the deceased 21. I certify that I ottended the deceased from. and that death accurred of 3 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 20 PHYSICIAN'S NAME (Type) Leonard TO FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) he Agudas Achim Anshe Sfard Rosedale, Maryland Burial Nov 7 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

Sol. Levinson & Bros. Inc. 6010 Reist Road

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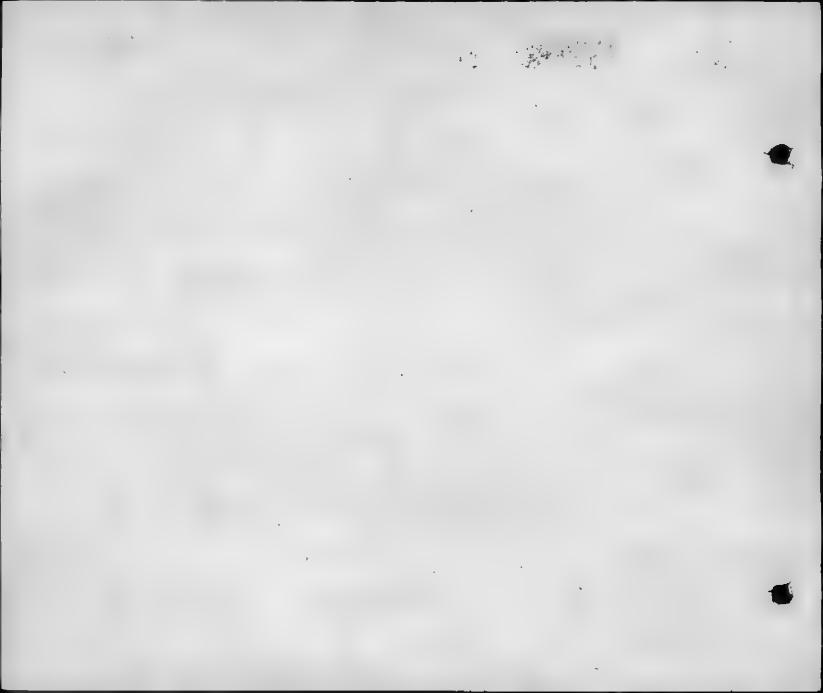


MARYLAND STATE DEPARTMENT OF HEALTH EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY Page a. STATE b. COUNTY ALTO MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate ilmits. c. LENGTH OF STAY IN 16 aral diremor. write RURAL and give nearest town) OCUSON TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? EUDOWOOD YES NO IX 3. NAME OF OF DECEASED ihe H DEATH (Type or print) D. FERGUSON with the IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 5. SEX 9. AGE (In years may 2 with last burthday) NEGRO WIDOWED [30 5 and 72 hg 10b. KIND OF BUSINESS OR INDUSTRY 11 B.R. HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) NONE 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECUR TY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) 385 Eu DOWOOD NTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), ONSET AND DEATH ong burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which geve rise to immediate cause 15 DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY 8 NO 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of ilam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, streat, office bldg., etc.) Not Whila While at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... and in my opinion death resulted from Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type Address (Streat, city, town, or county) 220 BURIAL CREMATION 2,40 ₽ NOV 2 0 '61 VS. ATSME 5M 7/59



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) led a. IS RESIDENCE ON A FARM? YES NO [NAME OF Yaar paper complet DECEASED OF (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE MARRIED 9. AGE (In years JF JNDER 1 YEAR IF UNDER 24 HRS. Jast bifthday) and WIDOWED D physician 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if folired 13. FATHER'S NAME 9989 Then please Sha 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) ! (If yas giva war or datas of sarvica 18. CAUSE OF DEATH [Entar only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH signed by ACCIDENT PART I. DEATH WAS CAUSED BY: CEREBRO-VASCULAR IMMEDIATE CAUSE (a) burial-transit DUE TO GENERALIZED ARTERIO-SCLEROPIS gava rise to immadiata cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate hospital PERFORMED? % Q 057 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) 208. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, streat, office bldg., etc.) Not While Whila Hour a.m. DIRECTOR: Af at work at work AUGUST 1961, 10 NOV. 21. I certify that (I) (this hospital) attended the deceased from... NOV. 12 1061 saw the deceased alive on.. 22a. SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S OR CREMATORY 23d. LOCATION (City, town or county) 23a. SURIAL, CREMATION director be file 0 H 25h. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S VR A15 (4) Civing S. Trace 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH



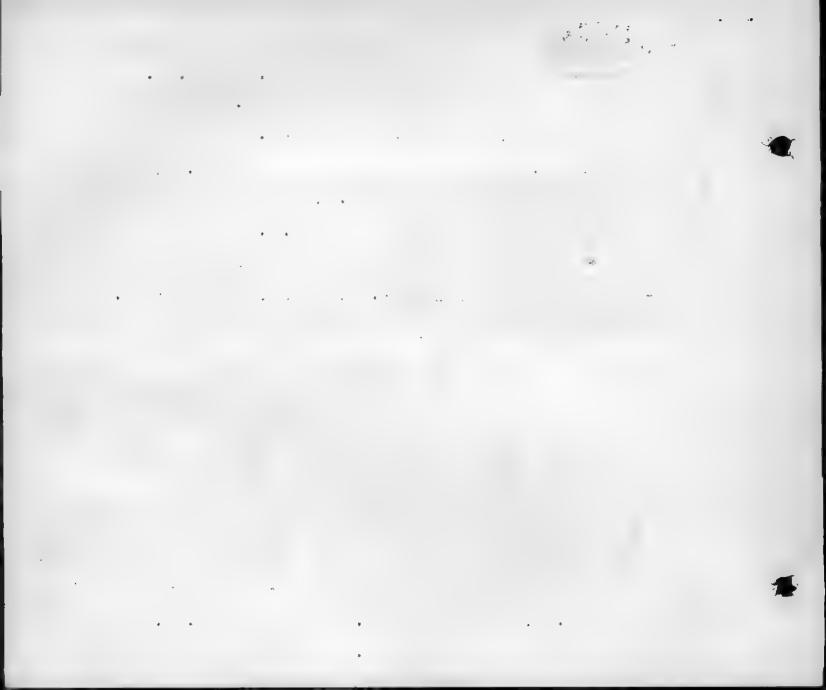
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was after death. Page 4

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	DECOUNTY Catorine	MARYLAND	2. USUAL RESIDENCE (W o STATE Gorsuoh Av	here deceased fived. If	institution Residence	e before odmiss	ion)
1	b. CITY OR TOWN (If outside corporate limits w RURAL and give nearest town) Catons viile	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Baltimor	outside corporate limits	, write RURAL and gr	ive nearest fown	i)
Г	d NAME OF HOSPITAL (If not in haspital, give s	(treet oddress)	d. STREET ADDRESS			e. IS RES	
	Caton Ridge Nursing Home	,329 Harlem Lane	Gorsuch Av	' e•			FARM?
	3. NAME OF DECEASED (Type or print) Frederick R. Fl	Middle eckenstein	Last	4. DATE OF DEATH NOV	Manth 25,1961	/	Year 19
		MARRIED NEVER MARRIED DOWED ** DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 19,1882	9 AGE (.63. 1	YEAR IF UNDE	ER 24 HRS. Min.
	Oa USUAL OCCUPATION (Give kind of work dane working most of working ite, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Balto.M		12.CITI2	EN OF WHAT	OUNTRY?
li	I3. FATHER'S NAME	L	14. MOTHER'S MAIDEN	NAME	l		
ı	August Fleckenst	ein		a Fleckens	tein		
1	5 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Yes, give wor or dates of service)		· Fleckenstei	n,4810 Abe	Address	. 6	
	PART I. DEATH Enter only one cause part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only which gove rise to immediate cause (o), stoting the under lying cause last. (c)	alus se	berchi	C-U-)	h-	Sentano HELL	DEATH
	PART II OTHER SIGNIFICANT CONDITION					PERFO	AUTOPSY RMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in ACE OF INJURY (Home, for				150-4-1
	Hour o.m.	20d INJURY OCCURRED 20e PL White Not white for twork of our work	ctory, street, office bldg., et	c.)		ounty)	(State)
	21 1 certify that (1) (this haspital) at saw the deceased alive on NOO			M. from the cou			
	220. SIGNATURE	1	M.D. PHYS P	TED. STAFF			SIDATE
	22c. PHYSICIAN'S NAME (Type) CLIFF RA	ATLIFF, FR	22d. ADDRESS 446	55 CDA	1010301	U AV	٠ 3 ٠
	23a BJR AL, CREMATION. 23b DATE THEREOF REMOVAL (Specify) Nov. 28,19	23c. NAME OF CEMETERY O		23d. LOCATION (City Balto	_	(Stot	e)
	24. FUNDERAL DIRECTOR'S SIGNATURE Some	ADDRESS 2024 Orleans	St. 31 DATE	D BY REGISTRAR 2	Sb. REGISTRAR'S SIG		



by the funeral director, should be TO HOSPITAL, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-your may be and by the haspital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

's after death, Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12291

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)							
a. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
Towson 4 2½ yrs.	X Towson 4							
d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d'STREET ADDRESS e. IS RESIDENCE ON A FARM?							
1307 Aintree Rd. Hampton	1307 Aintree Rd. Hampton YES NO IX							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF							
(Type or print) Albert Gustav Fox	DEATH 11-16 19 61							
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGL (In years IF UNDER 1 YEAR IF UNDER 24 HRS In Journal of the second of the							
male white WIDOWED DIVORCED	4-18-1913 48 47 yrs. Months Days Hours Min.							
10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)								
Food broker own business	New York U.S.A.							
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Gustav J. Fox	Lillian Fritzel							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN (Yes, no. or unknown) (If yes, give war or dates of service)	IFORMANT Address							
yes WWII "43-"44 091-03-6816	Ellen B. Fox above							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) (A CCIMIS IN C)	Tierles willi midualis 1/mos.							
15318 DUE TO								
Conditions, if any, which) (b)								
gave rise to immediate DUE TO								
lying couse lost. (c)								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
<u> </u>	YES NO NO							
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II of item 18.)							
	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State)							
Hour a.m. While Not while for	and the magn and							
21. I certify that (1) (this hospital) attended the deceased from	12-15, 1969, to 11-16, 1961, that (1) (we) last							
	leath accurred at The M, from the causes and an the date stated above.							
22a SIGNATURE	22b DATE							
	M D PHYS DIRECTOR PHYS /-/-							
22c PHYSICIANS NAME (Type) Alfred G Csaman Jr	1101 St Paul St 13,116: 1/1							
23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	The state of the s							
Burial 11-18-61 Dulaney Va.	lley Mem. Cockeysville, Md.							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Brooks Funeral Service, Towson 4	, Md. DATE NOV 2 0 '61 Catha & King							



	12232 CERTIFICATE OF DEATH	12278
M)	Dalt maple marriand Many land	If institution: Residence before admission) COUNTY
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 4 years X Sal + 1 more	
10	d. NAME OF HOSPITAL (If not in hispital give street address) OR INSTITUTION Caten Ridge Novasing borne. 4023 Woodridge	Rd , S. IS RESIDENCE ON A FARM? YES NO F
	3. NAME OF DECEASED (Type or print) BARBARA FRANK DEATH	Nov. 15 1961
	Female White WIDOWED DL DIVORCED Dec. 15, 1866 94	(In years birthday) Months Days Hours Min yrs. 12 CITIZEN OF WHAT COUNTR'
	10a. USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
(I)	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	Address A a
	(15 yes, give war or dofte of service) Nerve Oscar Frank 4023	Woodkilye Kel. Ene
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	cal dis Carloss.
0	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONE Bud Down Turner of Injury in Port I or Part II of it OR CONTRIBUTING CAUSE OF DEATH	PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work at work at work at work	n) (County) (Stat
	21 I certify that (I) (this haspital) attended the deceased fram	22b DATE SIGNE
1	22c PHYSICIAN'S NAME (Type) THE PATHIFF THE STATE OF THE	PUSON AVE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Lows after death. Page 4 need by the haspital or attending physician. TO HOSP/ may be TO FUNERA page 3 sho the State B

24 FUNERAL DIRECTOR'S SIGNATURE

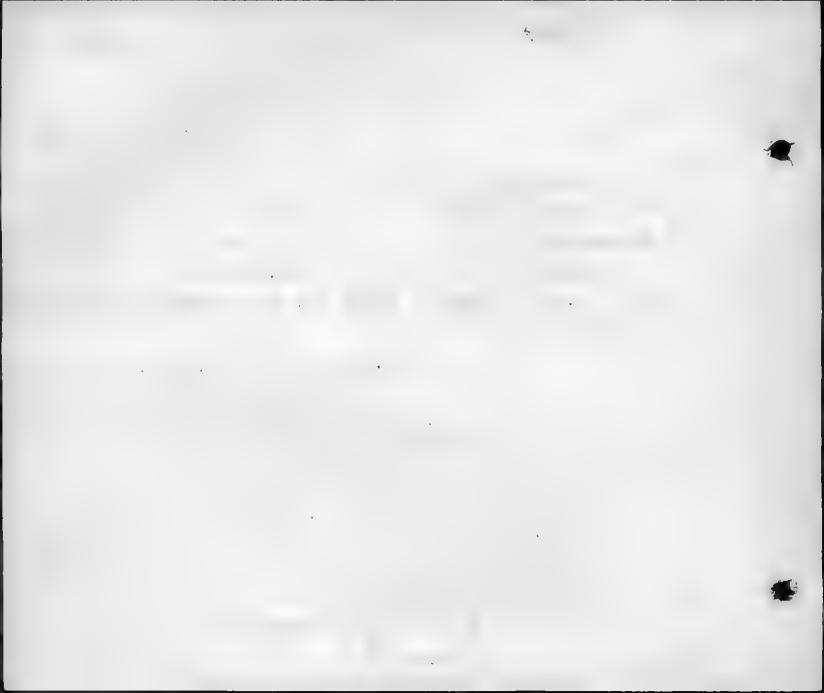
23g. BURIAL, CREMATION, 23b DATE THEREOF

Bo hame of CEMETERY OR CREMATORY

250. REC D BY REGISTRAR MOY 1 7 '61

256 REGISTRAR'S SIGNATURE

(State)



of completer, filled in by the funeral moon papers. Pages I and 2 should within 72 hours after dearns. within 24 hours after TO HOSELAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. So death, the 4 may be retained by the hospital or attending physician. The PUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers a be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

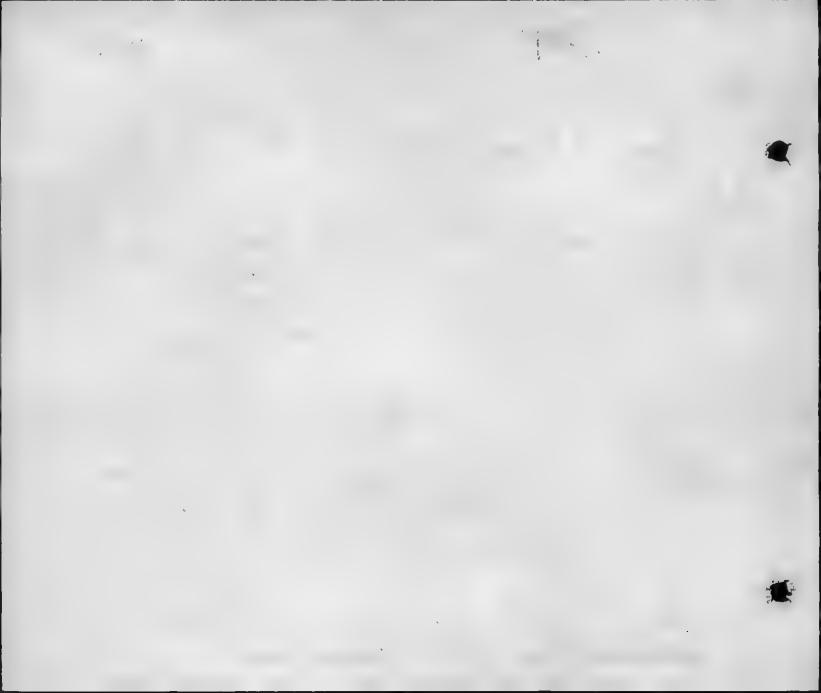
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MARYLAND STATE DEPARTMENT OF HEALTH

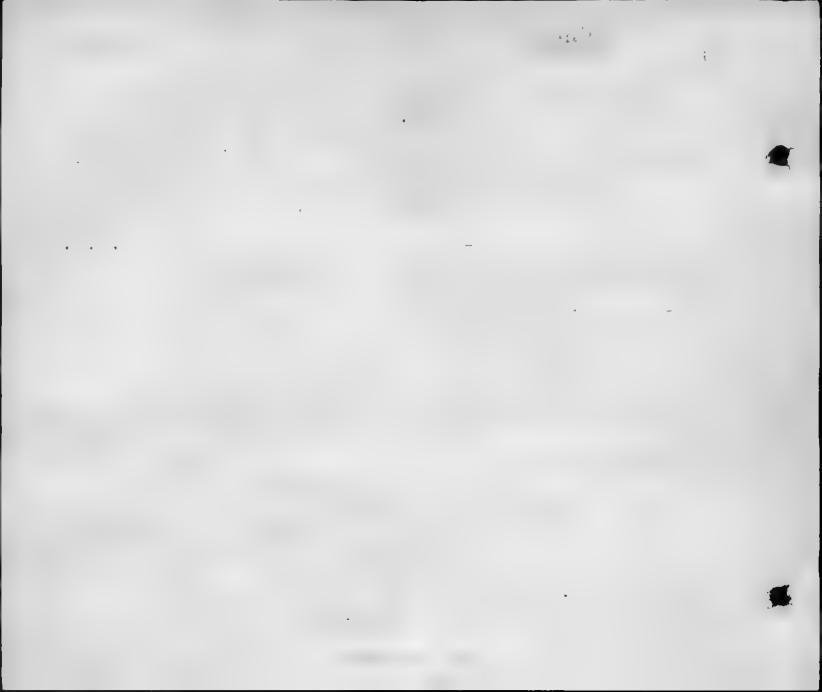
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		2. USUAL RESIDENCE (Where decased inved, if institutions Residence before admission)
		Baltimore MARYLAND Baltimore City
Л		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	1	Jarreson Baltimore
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE ON A FARM?
	90	Toxlergh hursing Home 3500 Canadale Use VEST NOT
		NAME OF DECEASED A STATE Month Dey Year
		OF DEATH // / 19 6/
	5.	SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN 1900) IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED S/13/87 last birthday) Months Deys Hours Min.
	1De	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	./	Summa Supplies Canada WSA
	13.	FATHER'S NAME
	. 7	not thown not known
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT a, no, or unknown) (lives give wer or detes of service)
		ada transcel - same
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: CEREBRO - VASCULAR ACCIDENT 5 11/1/1
		TRA DUE TO
		Conditions, if any, which (b) ASCUD
		geve rise to immediate ceusa (a), stating the underlying DUE TO
		cause lest. (c)
	NO	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0) 19, WAS ALTOPSY PERFORMED?
	CATION	YES NO NO
	CERTIFI	2De. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH
		(HE EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeer 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Hour e.m. While Not While Not While State Stat
	MEC	p.m. 19 at work at work
		21. I certify that (1) this hospital) attended the deceased from. 5/2, 196/, to
		saw the deceased alive on
		226. SIGNATURE 225. DATE ATTENDING MED STAFF 1/10 SIGNED
П		Dervare (Thirty WILLIAM D PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
		NAME (Type) PROLITED PSOCKET WID 22d. ADDRESS NAME (Type) PROLITED Shocket wid
	-	BURIAL, CREMATION, 1236. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (Stote)
	23h	SMOVAL (Specifi)
	4	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
		Well terries to 2100 Elitar Flace
	1	WER FERM 1750 DELCO SUCCESS / ELECT DATE NOV 21 '61 Girling & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12294 CERTIFICATE OF DEATH feneral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY a. STATE in by the 1 s 1 and 2 s ther death. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside carparete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town Towson Baltimore Pages yrs. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospice Harlem Avenue YES NO 3. NAME OF papers Middle 4. DATE DECEASED compla OF (Typa or print) DEATH Frances Margaret Freund carbon with 5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yaers IF UNDER 1 YEAR! and lest birthday) Months Devs Hours Female White WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY L (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housekeeper Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Henry Freund Catherine Reichert ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e,, (b,, and (c, INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO Conditions, If any, which has been (b) gava rise to immadiate causa DUE TO (a), stating the underlying cause lest. ed by the hospital o After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a ACCIDENT WAS UNDERLY NG 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | of Item 18.) DIRECTOR: After this of should be detached for OR CONTRIBUTING TI CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm. 2Df, (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) atjended the deceased from 10-11-54 and that death occurred allowed, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Robert Mahon 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Q # 8 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased rived, If institution: Residence before admission) . PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate , mits. c. LENGTH OF STAY IN to write RURAL and give nearest town) Towson Towson d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 5 Hillendale Road ON A FARM? YES NO 8375 Hillendale Road NAME OF 4 DATE Month Year Middle lad OF DECEASED 19 61 Fulcher, Sr. DEATH George (Type or print) NEVER MARRIED | | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED 5. SEX last birthday) Months Days Hours DIVORCED X Male WIDOWED I 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Newport News Retired Meat Grader 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Fulcher Hope Barfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ((If yes give war or dates of service) George C. Baldwin, Md. Fulcher Jr. ves WWI INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ine for (a), b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. fel PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 195 / to 12 15 6 ..., 19.6 /, that (1) (we) last 21. I certify that (t) (this hospital) attended the deceased from. 4-64 19 (c.i., and that death occurred at 19 M. from the causes and on the date stated above. the deceased alive on. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. APPRESS PHYSICIAN'S NAME (Type) (State) 23d. LOCATION (City, lown or county 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF REMOVAL (Specify) Peninsula Mem. Burial Park Warwick Va. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Wirting & Thous H.W.Jenkins & Sons Co. 4905 York Rd. Baltopate NOV 8

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24s offer death. Page 4 by the funeral director, TO HOSP AS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de may be, a fined by the haspital or attending physician.

TO ILUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the by the fun page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours prest death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	122	36		CERTIF	CAT	E OF DEATH	02 1	2/7/61	iwk1	2283	S
1.	PLACE OF DEATH	R _w.od St	ate	Training Sc	100	2, USUAL RESIDENCE (Wh	ere decease	d lived. If institu	tion. Residen	ce before adr	ntssion)
	a. COUNTY	Baltime		MARYL		o. STATE Mar, 1:		b. COUNT	Washin	eton	And Market
Г	b. CITY OR TOWN (If RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If a	utside carpo				own)
	Ovings M	ills		2 mos.		Fural Rou	te #1	Sharps	burg	2 : X'	
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					RESIDENCE
		d State Tra	ainin	g School		none	•				A FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mo	nth	Day	Year
	(Type or print)	Maj	gare	t Loui	Se	Fultz	OF DEATH	1	1	23	1961
۶.	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	D [X] B	DATE OF BIRTH		9. AGE (In year		1 YEAR IF UN	
	Pemale	white	WIDOW			31160		last birthday)		Doys Hau	rs Min.
10	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	auntry)	12 CIT	IZEN OF WHA	T COUNTRY?
	none	ing life, even if retired	'	none		Marvl	and			U.S.	Α.
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME		-1		
	Junio	or Darley H	rultz			Ruby	Mae Ha	ayn's			
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			dress		
114	No.	If yes, give war or dates of s	arvice)	none		Rosewood	Record	is Or	vings	Mills,	Md.
_	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c)]				*		INTERVAL	BETWEEN
		TH WAS CAUSED BY:		Pneumoni	tis						days
	7 5 3	DUE TO		Diarrhea	and	Dehydration					
	Conditions, if ony, which) and Possible Asciration						E	month			
	gave rise to immediate (DUSTE										
	tying cause lost. tying cause lost. to Microcephalv and Epilepsy Since bir									e hirt	
CATION	PART II OTH	IER SIGNIFICANT CON	DITIONS			OT RELATED TO THE TERMI		E CONDITION G	IVEN IN PAR	T 1(o) 19 W/	
										YES	
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in I	ort I or Por	I II of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Manth, Doy, Ye			20e PLAC	E OF INJURY (Home, form	20F (City	ar town)	((County)	(State)
MED	Hovram.	19	While at war		1000	ory, street office bldg , etc	1				
	21 I certify tha	t ++) (this hospitol) attend	led the deceosed f	rom	9/26 19	61 10	11/23	19 6	1, that #	(we) lost
	saw the deceas		11/2			oth occurred o3:1		the causes o			
	220 SIGNATURE	res G	B	atter/	1		D RECTOR [STAFF PHYS. 12		רו	22b DATE SIGNED
	22c. PHYSICIAN'S	1	, 0	٠, حي		22d. ADDRESS	KECTOK [PRIS. JC			124/01
	NAME (Type)	Harry G. B	utler	. M.D.		Rosewood	Lane,	Owings	Mills	Maryl	and
230	BUR AL, CR. MATIO REMOVAL (Specify) Buried	N 23b DATE THEREC	-	23¢ NAME OF CEMET	TERY OR	***************************************		TION (City, tawn,			itate)
24.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		2So. REC'I	D BY REGIST	RAR 25b. REC	ISTRAR'S SI	GNATURE	-
		011.4	. (in	Me Kel	aw	Questa MA DATENOV	3 0 '61	1 4	anna S.	1 cours	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNT) fall timore Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson, Baltimore 4. Md Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2365Burke Ave Burke Ave YES NO X Yaar NAME OF Midd a 4. DATE Month DECEASED DEATH 1967 (Typa or print) HAROLD GAMBRILL Nov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 5. SEX last birthday) | Months Nov.17 WIDOWED DIVORCED [1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working lifa, even if retired) Real Estate Dealer Baltimore, Md. U.S.A. Estate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horatio Nelson Gambrill unknown , 16. SOCIAL SECURITY NO. 17. INFORMANT Balto.12, Md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass Yes W.W. I Kenilworth Av. 7692 Phillip D. Gambrill INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per I ne for (a), (b), and (c). ONSET AND DEATH Coronary occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part II or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Feb. 7..., 1961, to VIAT 14, 1961, that (I) (we) last 1964, and that death occurred at 5.4M, from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. reduces PHYSICIAN'S 22d. ADDRESS EDERICK J. VOLLMER 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore, Md. Lorraine Park Cem. Nov.16/6 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Towson, Inc DATE NOV 1 6 '61 1050 York Rd. Outling & Frank

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Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND DICAL EXAMINE Items 1.2 & 220 Film USUAL RESIDENCE (Where deceased lived, If institution, Kesidence before admiss on) 1. PLACE OF DEATH I director, Page for your files. . COUNTY Maryland b. Baltimore Baltimore MARYLAND b CITY OR TOWN (if oulside corporale I mils. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give neares) town) write RURAL and give neerest town] Timonium Timonium. months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o Boar do TREET ADDRESS a. IS RESIDENCE ON A FARM? East Ridgely Road YES TO NO PE 3. NAME OF Middle 4. DATE DECEASED 1061 November (Typa or print) Adam Ernest Gerald DEATH 6. COLOR OR RACE 7. MARRIEDE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wit 48st b +hday) ge 5 may and 2 wi Months Days April male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) U.S.A. Hamm's Brewert Redondo Beach, Calif. Director Trade Relations P.M.3. P. 13. FATHER'S NAME Emily H. Pinnow Adam Gerald Give with form P. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 27 4 Address 135-01-8063 Mrs.M. Eleanor Gerald, 524 E. Ridgely Rd. um, Md (Yes, no. or unknown) | (If yes give war or dates of service) with t YES 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN Office along v Wound of Brain CONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) eq pinous Office **DUE TO** Conditions, if any, which (b) gave rise to Immediate causa 60 DUE TO (a), stating the underlying 10 Examiner cause last. should be used rial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G. YEN IN PART 1 8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO MEDICAL EXAMINER: This 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of Item 18.) 2De EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief 20c. TIME OF INJURY 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) 90 o Month, Day, Year (County) (State) factory, street, office bldg., atc.] While Not While Hour a.m. OR: P ين يا at work al work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECT(death resulted from Natural causes Accident Suicide -Homicide Undetermined manner CHIEF MEDICAL EXAMINER [cute the c designated ACTURE. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER O'Donnell, NAME (Typa) Address (Streat, city, town, or county) D D 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, fown, or country) REMOVAL (Spacify) Forest/Lewn Cemetery Ö 740 p St. Paul, Minneosta 11-10-61 REMOVAL 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME arthur S. Kraus Wm. Cook-Towson, Inc. 1050 York Road, Towson, DANOV 1 4 '61 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

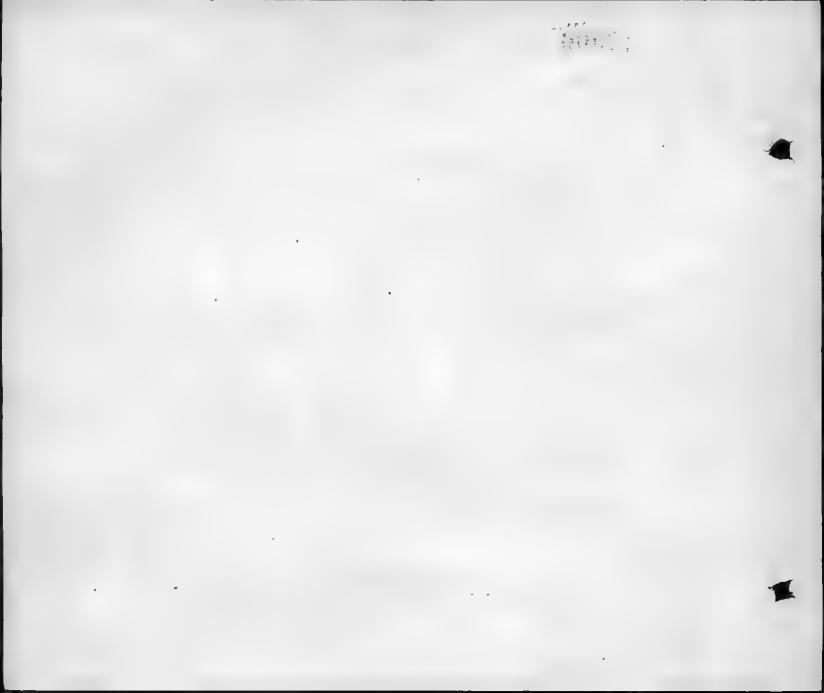
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Baltimore		MARYLAND	o. STATE MAR	YLAND COU	1941-1	MORE
RURAL and give near	outside corporate limits, write est lown) Maryland	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	TIMOR	ile RURAL and give nearest to	wn) 4
OR INSTITUTION	(If not in hospital, give street State Hospita		d. STREET ADDRESS	ALLAS (W ON	ESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	THOM	AS WOLF	ORD GILL	4. DATE OF DEATH	Month Day	Yeor 1961
5 SEX	S. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DE DIVORCED	8. DATE OF BIRTH 1212719	9. AGE (In ye	Sy) Months Days Hour	
duling post/of working	(Give kind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 17 BIRTHPLAGE (SION O	LAND	12. CITIZEN OF WHA	A
13. FATHER'S NAME	NOAH C	7111	14 MOTHER'S MAIDEN N	RA SA	1ART	
	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.11	ospital Recer		Address on State Hosp	ital
Conditions, if any gove rise to Impact	nediate bur to	Mod Ho Parcino Pancrea	may tu	huro Tube	of the S	Death Death
CATIC		CONTRIBUTING TO DEATH BUT			YES	FORMED?
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE				
20c. TIME OF INJURY Hour a. m. p. m.	While		ACE OF INJURY (Hame, form ctary, street, affice bldg, etc.		(Caunly)	(State)
21. I certify that saw the decease 220 SIGNATURE	111 ()	ded the deceased fram.	3 127 6/19 death accurred at 43	R. Hom the dauses	161, 19 , that (1) and on the date state) (we) last ed abave 22b.DATE
22c. PHYSICIAN'S NAME (Type) Willia	m Newcomer, M	- 4	M.D. ATTENDING MEPHYS. DIT	en State Hos	spital, Mt. W	Ilson,
230 BURIAL, CREMATION BREMOVAL (Specify)		BALTO.		23d LOCATION (City, to		talej
9. W. Haffy	signature samse 3218	ADDRESS HUDSON	57 (24) 250 REC'S	ATTREGISTRAR 1 25b.	REGISTRAR'S SIGNATURE	

25 ofter death. Page 4 TO HOSPY—JOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 kerys ofter death. Page 4 may be med by the hospital or altending physician.

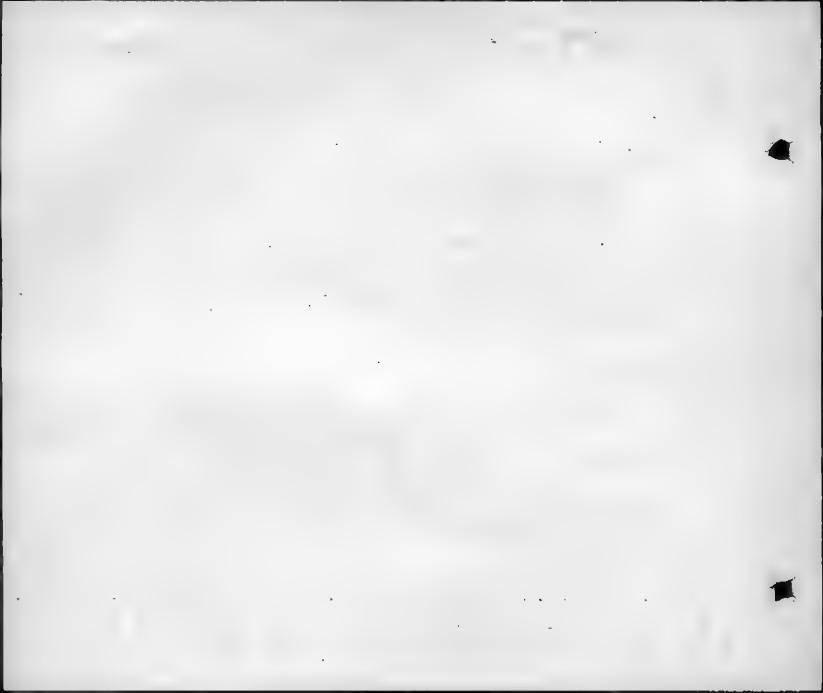
TO FUNER—DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 12300 CERTIFICATE OF DEATH eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 🥂 . COUNTY b. COUNTY MARYLAND Baltimore after death. funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) should Mt. Milson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? AYES NO Wilson State Hospital NAME OF Middle Last 4. DATE Month Year filled DECEASED OF DEATH oges death (Type or print) 196 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthdoy) Months WIDOWED [7] DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even fretured) ond Contracting pou 72 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ğ physician ⊆ with remove WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO 17 INFORMANT Gillespie-4819 Windsor Mill Rd. attending 1 Lilson State Hospital INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) à Condifions, if ony, which (b) been signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost, **burial-transit** ò CERTIFICATION PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES MO cremoti 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 183) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) O. m. While Not while ot work of work p. m. 21 I certify that (1) (this haspital) attended the deceased fram... , that (!) (we) last A.M. from the causes and an the date stated above saw the deceased alive an ... and that death occurred at DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF women M.D DIRECTOR | ned 22c. PHYSICIAN'S 22d. ADDRESS should NAME (Type) m Newcomer I D Superintendent page 3 sh the State I m TO FUNE 23a BURIAL CREMATION. 235 DATE THEREOR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) 11-6-61 Woodlawn Burial Woodlawn Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) aritua & thrus 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH e. COUNTY a. STATE the d Bal timore MARYLAND Maryland and b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 څ write RURAL and giva nearest town) filled in Pages 1 affer Woodbrook Woodbrook Pages d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street address) d. STREET ADDRESS hours Charles Street papers. complete NAME OF DATE 2 Midd e DECEASED OF (Type or print) DEATH Lillie Kritwise Girardin carbon With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH pue Female WIDOWED A DIVORCED Jan. 22, 1875 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) гетоу done during most of working life, even if ratired) Baltimore, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Ambrose Kritwise

15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Bauman (Yes, no, or unkown) | (If yes pive wer or detes of service) No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Growcho Parumema bengis IMMEDIATE CAUSE (e) myocardial farlus DUE TO Conditions, if eny, which been gava risa to immediata causa DUE TO Wilmo Selsmore CV Distasy (a), stating the underlying has causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN N PART 1(6) 19. WAS AUTOPS certificate 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of tem 18. 200. ACCIDENT WAS UNDERLYING [] P OR CONTRIBUTING CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) Not While fectory, street, office bldg., etc.) While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 25 more, 1959 to Mattered & 15 1964., that (I) (we) last No from the causes and on the date stated above. saw the deceased alive on... 22e, SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S BUR STEWART NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Lorraine Park Cemetery 11-18-61 Burial **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE

TO FUNE director, be filed v VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where dancesed lived, if institution: Residence before admission) b. COUNTY Baltimore c, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO Charles Street 195 Novemler 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) 12. CITIZEN OF WHAT COUNTRY? Address Miss Evelyn Girardin-6317 N. Charles Street INTERVAL BETWEEN ONSET AND DEATH 2 NYKO PERFORMED? NO M (State) (County) 22b. DATE SIGNED 23d. LOCATION (City, town or county) (State) Baltimore, Maryland 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Jun & Thank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2285 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Baltimore Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randalls town -- Rural d. STREET ADDRESS e. IS RESIDENCE ON A FARIA? 3614 Blackstone Road YES NOT DATE Day Mooth Year DEATH 17 Gorguch November 1961 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 55 Months Hours March 18, 1906 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Edith V. Mallonee Addra614 Blackstone Rd. Mrs. Margaret G. Gorsuch Randallstown, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)119, WAS AUTOPSY PERFORMED? YES 🗍 NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 20s. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Slote) foctory, street, office bidg., etc.) None 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection X, Inquiry X, and find that death resulted fram: Natural causes 7, Accident 7, Suicide 7. Homicide 7. Undetermined cause . DATE SEGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11/18/61 DEPUTY MEDICAL EXAMINER TT 22d. LOCATION (City, town, or county) (Slote) Maryland Baltimore County.

VS. ATSME(SIC) 5M 9/55

872865Liberty Road Randallstown, Md.

DATE NOV 2 2 '61

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arlun & Turana



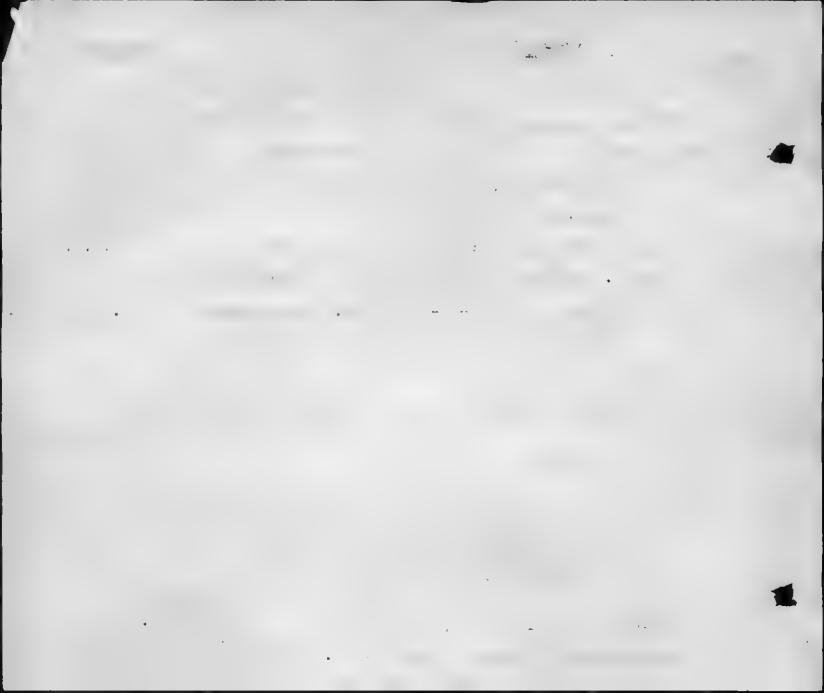
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4 45 15 75 46

2303	12289
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacassed fived, if institution: Residence before admission)
Baltimore MARYLI	and Maryland Baltimore
b. CITY OR TOWN (if outside corporate timits, write RURAL and give namest town)	
Sparks <u>Łife</u>	Sparks Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address	d STREET ADDRESS o. IS RESIDENCE ON A FARM?
York Road	York Road
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Typa or print) 1.14 7 7 4 0 m Monay	085111 H OF 20 1961
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIYORCED	3-1-1874 S7 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Owner of Farm Farm Farm	Maryland U.S.A. U.S.A.
Thomas T Comough	Manus and a 26 and
Thomas T. Gorsuch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	'I'emperance Mays
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvice)	
No none 219-32-123] INTÊRVAL BETWEEN
PART 1, DEATH WAS CAUSED BY: Terri Scher	ste Cardio Descular deseas, ONSET AND DEATH
422.1 DUE TO	Total to the state of the state
Conditions, if any, which \ (b)	
gava risa to immediata causa	
(a), stating the underlying cause last.	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Z	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
	2De PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. While Not While By work at work at work at work	factory, streat, office bldg., atc.)
p.m. 19 et work at work	La contraction of the contractio
21. I certify that (I) (this hospital) attended the deceased	from . 12 cuy, 1966, to. 11/20, 19.61, that (1) (we) las
saw the deceased alive on 11/20 196/, and	d that death occurred at
22a. SIGNATURE	,22b. DATE
tin their	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICHAN'S	22d. ADDRESS
NAME (Typa) H. KT. 1-RIZIVC	F Karkton and
238 BURIAL, CREMATION , 23b. DATE THEREOF 23c. NAME OF CEM	AETERY OR CREMATORY (23d. LOCATION (City, lown or county) (Slata)
REMOVAL (Specify)	Complete Md
	Lamily roc starting
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Brooks Funeral Service Towson	n 4, Md. DATE

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vithin 24 hours after ician and complete, filled in by the ove carbon papers. Pages I and 2 event, within 72 hours after death, death. ge 4 may be retained by the hospital or attending bytysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending-physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and are any event, within 72 h The law requires that the Tenth certificate be executed OR ATTEMDING SHYSICIAN: TO HG VR A15 (4) 1SM 9/60



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lim ts, OR TOWN (If outside corporete limits, write RURAL and give neerest town) ed in Pages d. NAME OF HOSPITAL . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF OF DEATH DECEASED (Type or print) 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED THEVER MARRIED S yrs. Months Hours WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? гетоме 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), CORONARY IMMEDIATE CAUSE (e) **DUE TO** (b) ARTERIOSCLEROTIC C. V. DESEASE geve rise to immediate cause DUE TO (a), stelling the underlying ceuse fest. PART II. OTHER S. GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) 20e. ACC DENT WAS UNDERLY NG [. OR CONTRIBUTING CALSE OF PEATH (IF E THER NOT BY MEDICAL REAGINER) 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) (State) 20c. TIME OF INJURY Month, Dev. Yeer (County) fectory, street, office b dg., etc.) 6.14.61 19 to il 4 4 6 19 that (I) (we) last attended the deceased from.... 21. I certify that (I) (this hospital), and that death occured at........M, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a, SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c. PHYSICIAN S FUAL director, be filed 0 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

W. PRESTON STREET, BALTIMORE 1, MARYLAND



FOR STATE HEALTH DERT TO DEC. I'Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an any is necessary, please exocute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your flexTO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with thre-State Board of Magita or its designated agent, prior to burial, gremation, or remote and In any event within 72 hours flor death. YS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF THE ALTIMORE 1, MARYLAND

OF THE ALTIMORE 1, MARYLAND 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1229

1. PLACE OF DEATH	
e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmissic a. STATE b. CQUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give necest town)	c. CITY OR TOWN (if oulside corporete rimits, write RURAL end give neerest town)
Edgemere (19) 1 year	X Edgemere (19)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARA
2508 Wagner Avenue	
3. NAME OF First Middle	Last 4. DATE Month Dey Year
	EER November 6th, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9 AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HR
male white whowen Divorced fox J	uly 17.1901 60 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OF MOUSTP	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS
done during most of working life, even if retired)	
Laborer Steel Steel	Virginia USA
unknown	unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) [Ifyesgivewerordetesofservice]	
	nie M. Smith same as #2
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Celusin ONSET AND DEATH
4201 DUETO - /	
Conditions, if eny, which \ (b)	- Disease
geve rise to Immediate cause	
(e), stelling the underlying DUE TO	
ceuse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED?
[5]	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW MURY OCCURED. (E) 10 CAUSE OF DEATH.	nter neture of Injury in Pert I or Pert II of Item 18.)
	Q
	CE OF INJURY (Home, Jarm, 201. (City or lown) (County) (State)
Hour a.m. While Not While fech	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suici	
	CHIEF MEDICAL EXAMINER
ACTUAL 11/2 ALLAN-	
SIGNATURE _ #	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	Diande 14 22 Ma 11/7/61
NAME (Type) Melvin B. Davis, M. D.	Address (Street, city lower or county)
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	(entry)
Burial 11/9/61 Baltimore Na	
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Walter Brooks Bradley, Inc., Dundalk	22, Mannov 9 '61 Criting & though
	, Control of Manager



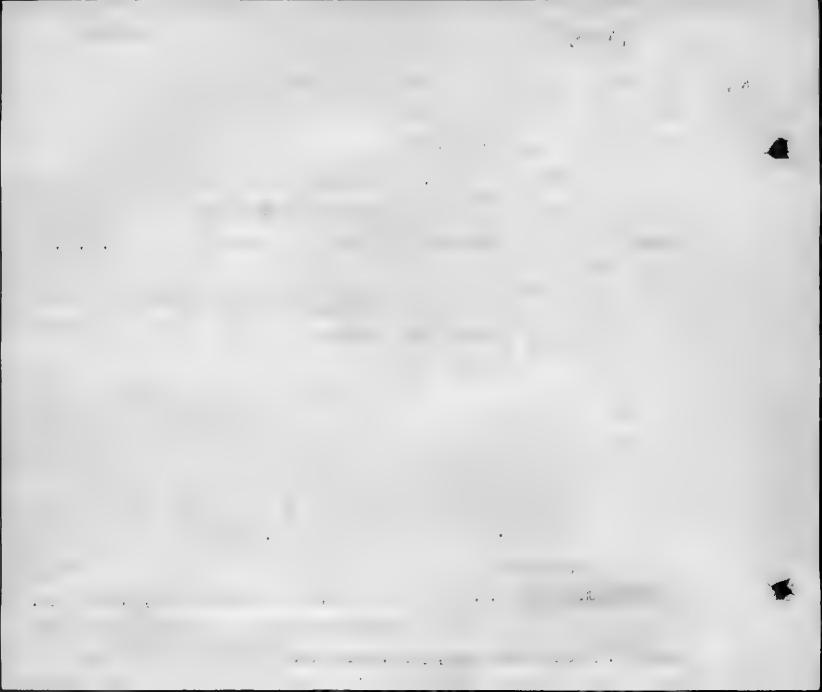
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete l.mits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Fort Howard Baltimore Days .5 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 1431 Madison Avenue Veterans Administration Hospital YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH November 19 61 ALBERT HAUGHTON 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | FUNDER | YEAR IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED last h "hdey] Months Hours Male Negro WIDOWED [DIVORCED T October 28,1894 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (C n country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired Laborer Maintenance Work Edenton, N. Carolina 13. FATHER'S NAME ъ 14. MOTHER'S MAIDEN NAME please Bu Albert Haughton Theresa Paxton and afte∎di Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive-warordatesofservice) Clinical Records, VAH, Baltimore 18, Maryland oval, Yes FORT HOWARD DIVISION # 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE ESOPHAGUS IMMEDIATE CAUSE (a) DAYS BILATERAL PNEUMONIA Conditions, if eny, geve rise lo immediele cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY certifilate PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part i or Part II of item 18. 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20a, PLACE Of INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.] While Not While Hour a.m. et work et work CIOR: 21. | certify that it) (this hospital) attended the deceased from November 11-161, that (tk (we) last saw the deceased alive on ... Nov. 14 .. 19.61 , and that death occurred at. p...M, from the causes and on the date stated above. 22b. DATE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS SERRITAN VAH BALTIMORE 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) OH Buristl Baltimore National Cemetery Raltimore 28, Maryland 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) NOV 1 6 '61 Kelson Funeral Home . 1348 N. Calhoun State 15M 9/60 ~ would d. Three

Baltimore 17,Md.

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60

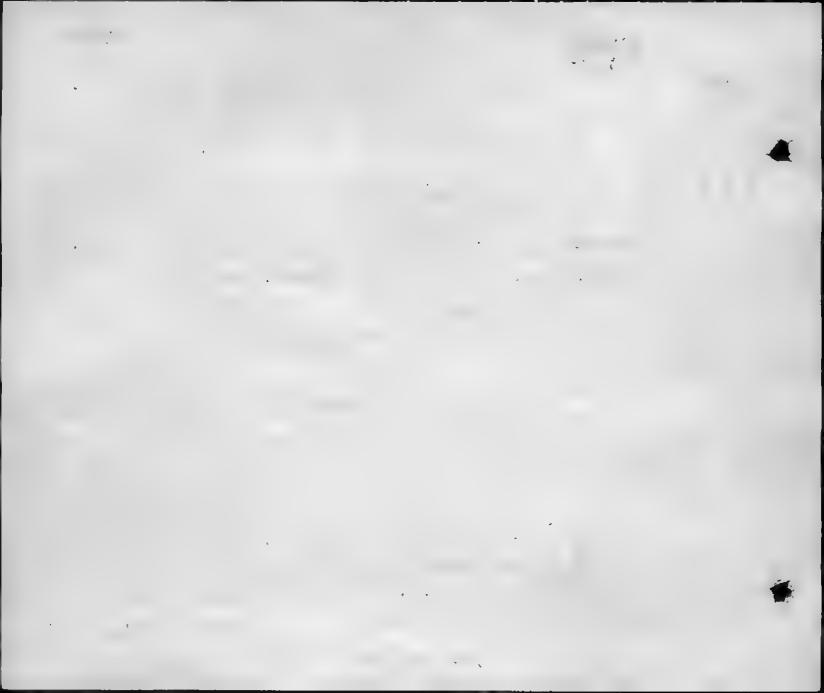
DIVISION OF STATISTICA

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12308 CERTIFICATE OF DEATH

		man and
1. PLACE OF DEATH e. COUNTY Baltimore	2. USUAL RESIDENCE (Where daceesed fived, if institution; Resider e. STATE b. COUNTY	nca before edm sslotn)
MARYLAND	Maryland Pr. G	W- F- CHI- A - Y
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporete limits, write RURAL end give	neerest town)
Catonsville 9 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Silv r Spring, Maryland	LC DESIDENCE
		B. IS RESIDENCE ON A FARM?
SPR IG GROVE STATE HC 11TAL 3. NAME OF First Middle	2514 Lindell St.	YES NO
DECEASED	OF	
nary D.	Hayes DEATH November 15	19 6] I IF UNDER 24 HRS.
	July 7, 1879 last birthdey) Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY		OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife Own Home	North Carolina U.S.	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Bryant	Mary E. Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. II (Yes, no, or unknown) (lifyesgivewerprodatesofservice)	NFORMANT Address	
	ords: 3PRING GROVE STATE HOJE	
18. CAUSE OF DEATH Enter only one cause per line for (a, , b, , and (c).] PART I, DEATH WAS CAUSED BY: Trainition and delan	O.	NSET AND DEATH
IMMEDIATE CAUSE (e) Inanition and deh	ydration	
Conditions, if any, which the Parkinson's Disease		
geve rise to immediate cause	3	-
(e), stating the underlying DUE TO Cerebral arterios C	lernsis	
Carcinoma of the urinary blauder		YES THE NO
V	(Enter neture of injury in Pari I or Pert .l of Iem 18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLACE 20c. PLACE	CE OF NIURY (Home, farm, 20f. (City or town) (County)	(State)
P.m. 19 at work at work		
21. I certify that XX (this hospital) attended the deceased from	Nov. 6, 1961, toNov	that (I) (we) las
saw the deceased alive onNo.V 15 19.61., and that	death occured atM, from the causes and on the d	
226. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S Stella Wachsler M.		
NAME (Type) Stella Wachsler, M. D.	SPRING GROVE SIALE H	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	Catons ville 28, Fary len or CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial Specify 11/18/61 Ft. Lincoln		Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	NTURE
Francis Gasch's Sons Hyattsville, Ma:	ryland DATE NOV 21 '61 certing of the	



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MA OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1. PLACE OF DE 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before edmission) a. COLINYY b. COUNTA MARYLAND mare pue CITY OR TOWN NAME OF a. IS RESIDENCE STREET ON A FARM? YES NO X 3. NAME OF DATE Year Middle Month DECEASED OF DEATH (Type or print) 19 carbon 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 3 7. MARRIED NEVER MARRIED britidey) Months Devs Hours WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) d N L.S. ARMED FORCES? (.fyesgive wero; detes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e) (b) and (c ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 161 geve risa to immediate cause DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? № Г 2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (State) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m 8 May 19.61 21. I certify that (I) (this hospital) attended the deceased from. ... place Jam, from the causes and on the date stated above 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CREMATORY, (State) 23a- BURIAL, CREMATION, Specify) 25b. REGISTRAR'S VR A15 (4) arthur S. Kraus 15M 9/60

24 hours after

illed

complete

and

physician

certificate

DIRECTOR: After

FUNE

0



XISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE **b.** COUNTY 12 P MARYLAND by th and b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give pearest town) Baunesvi d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp'la,, g ve streef eddress, dASTREET ADDRESS e. IS RESIDENCE ON A FARM? Loch Raven Blvd. YES NO NO NAME OF complete Middle DECEASED (Type or print) DEATH carbon withi 16. COLOR OR RACE T MARRIED NEVER MARRIED 9. AGE (In years IF JNDER I YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. and lest birthday) Months male W DOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 1 11 B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 1eoroe /immerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive weror detesof service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) : INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (d) geva rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY certificate PERFORMED? NO. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Slata) factory, street, office bldg., etc.) While Not While at work DIRECTOR: et work 7 19.6/, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased adive on..... 22b. DATE 22a SIGNATURE SIGNER ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN S 22d. ADDRESS NAME (Type 8523 Loch Maven Blvd. Balto. 4 Gordon Grau. M.D. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Slate) REMOVAL, (Specify) ÷ 8 OL ouria 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) Orling S. Kraus 15M 9/60 kg

MADVIAND STATE DEPARTMENT OF HEALTH

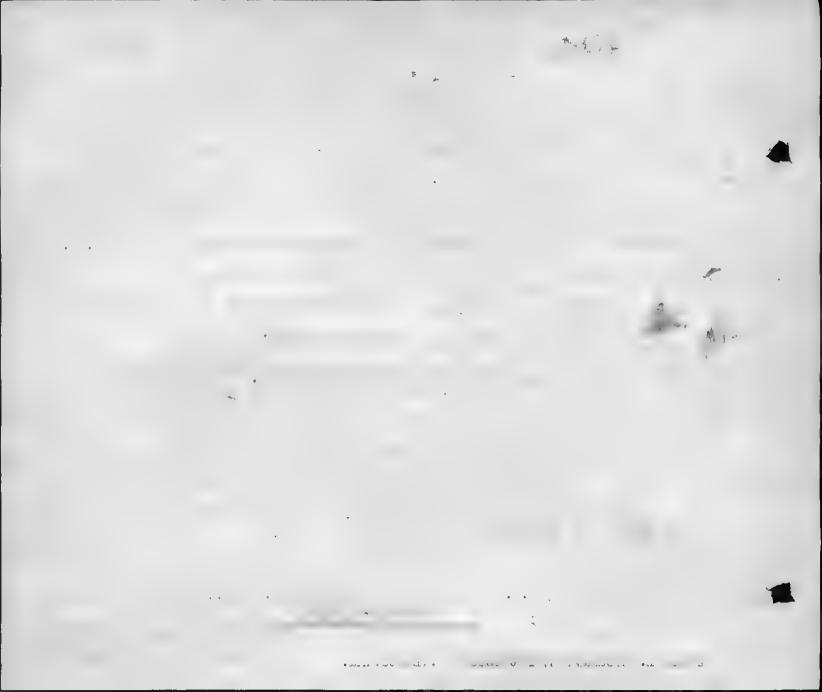


15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

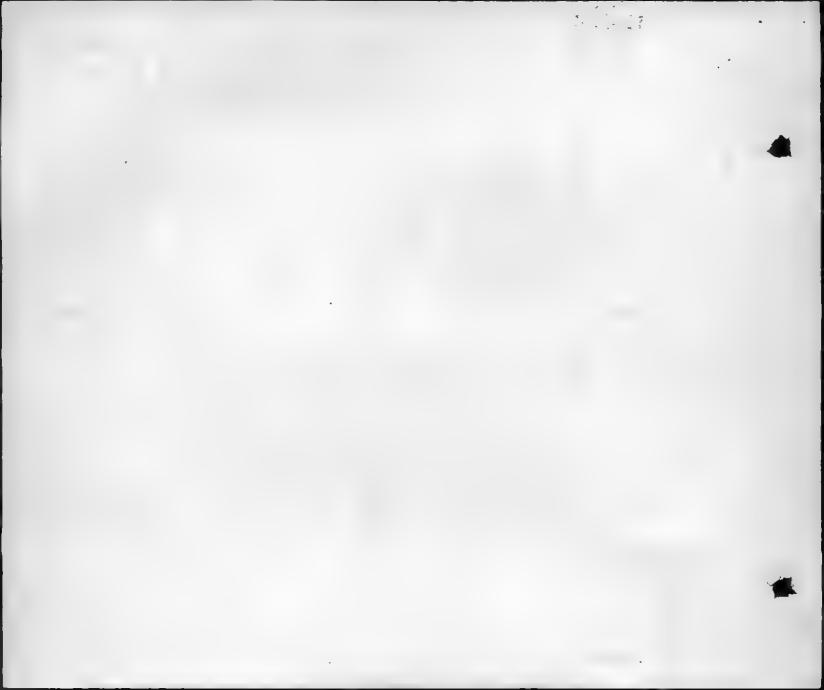
1. PLACE OF DEAT	THE STATE OF				institution: Residence before admission)
Baltimo	re	MARYLAND	Maryland	b. cour	Balting.
	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	e RURAL end give nearest town)
	d give nasrast town) Ward	7 Desca	XBaltimore	27	
		in hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
Veterans	Administratio	n Hospital	2751 Arbu	tus Avenue	ON A FARM?
3. NAME OF	First	Widdle	lest Fest	4. DATE Month	
DECEASED (Type or print)	JOSEPH			OF	
5. SEX			HIGDON	MOAGIII	
		TARRES THE SER MARKED	, DATE OF BIRTH	(lest birthdey)	Months Deys Hours Min.
Male			August 28, 1		
	TiON (Give kind of work orking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	r I	Construction	Grasonville	e, Maryland	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Edward H	lgdon		Wilhelmina	Tarbutton	
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? Ifyesgivewerordelesofservice	16. SOCIAL SECURITY NO. 17	Inical Recor	Address	- 10 W
Yes	WW II	219-05-4941 FOI	RT HOWARD DI	VISION'	ore 18, Maryland
18. CAUSE OF I	DEATH [Enter only one cause	e per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	RIGHT LOBAR PNEUN	MONTA MASST	/R	ONSET AND DEATH
1 - 7 - 1		remoner i morares i a remon	20212019		
Condition / X	DUE TO	CARCINOMA, PANCRE	PAG TITTE MEN	NACHACTC MO TT	CHARL
Conditions, if and	lieto ceuse	_			
(a), steting the u	underlying DAGG	ADRENAL, THORACIO	WALL CAREER	NAL LIMPH NODI	es unknown
cousa lost.	J (e)	CONTROLLING TO BE LIVE BUT AN		NAL BISTASS CONDITIONS ON	(This is a party of the party o
PART II. OTHE	R SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	JI RELATED TO THE TERM	NAL DISEASE CONDITION GIV	PER IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>					YES NO 1
200. ACCIDENT W	AS UNDERLYING [20b	. DESCRIBE HOW INJURY OCCURED	. (Enter helure of an uzy in	Pert I or Pert It of Item 18.)	
U (IF EITHER, NOTIFY	MEDICAL EXAMINER				
30c. TIME OF INJU	URY Month, Day, Year		CE OF INJURY (Home, far		(County) (State)
ZOc. TIME OF INJU Hour a.m.	10	While Not While 1801	iory, sirear, office blog., an	1	
- pyint	that M (this hospital)	attended the deceased from	Novm 10	1961 to Nov. 1'	7, 1501., that 和) (we) last
zi. I tertify	and alice on Novemb	er 17 10 61 and that	doath accurad at	20 M from the course	and on the date stated above
22e, SIGNATURE	260 SUAR OHERATE	TH 17. TH	death occurso agg.		22b. DATE
224. (101/4/01/4	LIMAR !	1	ATTENDING PHYS.	MED. STAFF	17/17/SIGNED
22c PHYSICIAN'S	CYCLAND Y	M	22d. ADDRESS	DIRECTOR THIS.	
NAME (Type				3 3 0 MD TOOM 3	70114 DD D TTTTTT
- SEDADIT	AN RUSSO, M.D.		- IVAR DALLIN	D. TO MD. TORE.	HOWARD_DIVISION wn or county) (Stete)
REMOVAL (Specify	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERS	OP-CREMATOR.	23d. LOCATION (City, to	
		Democrate Margar	Just Geneber		28, Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
Tames I. Mc	Cully, 237 Pate	angco Ave. Relto.	Md. DATE	10V 2 0 '61 C	estima & Hanga



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Litem & Film Good 11/24/61 iwk

CERTIFICATE OF DEATH 12312 Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY p. STATE b. COUNTY MARYLAND funeral b. CITY OR-TOWN (If autside carparate simils, write c. LENGTH OF STAY IN 1b CITY OR TOWN of outside carporate limits, write RURAL and give nearest town) RURAL and give nearest Jawn) ploods CARS d NAME OF HOSPITAL (If not in hospitol, d STREET ADDRESS IS RESIDENCE OR INSTITUTION. ON A FARM? YES NO SE NAME OF Year Filled DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 5. SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pletel last birthday) Manths WIDOWED 124 DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS, OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life even if retired) OUSE W pub 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address aftending NE NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO þ articoreledano Conditions, if any, which (b) signed gave rise la immediate DHE TO cause (a), slating the underas the burial-transit lying cause last. certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc. Hour a.m. While Nat while After this al wark al wark 196/that I last saw the deceased 23. I certify that I attended the deceased fram. detached and that death accurred at & A.M. from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City town, or county) (State) 22c NAME OF CEMETERY OR CREMATORY poge VA. Eme rea 9 **ADDRESS** 24a KEC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 21 VS A15 (4) 15M 9/58



12313

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	A STATE OF THE STA	-	-2

1											And the state of	2
M		ACE OF DEATH COUNTY	Proton Bue	tim.	MARYLA		a. STATE Paric	. 11	l lived, If institute b COUNTY	-	e before odm Baltimo	
	Ь.	CITY OR TOWN (If outside corporate limits,	write c. l	ENGTH OF STAY IN	16	.c. CITY OR TOWN (If	outside corpo	rate limits, write R	URAL and gi	ve nearest to	wn)
			Parkton		Life		Park	ton				
1	d.	NAME OF HOSPI	TAL (If not in haspital, give	street addre	ess)		d. STREET ADDRESS				e. IS R	RESIDENCE A FARM?
k.		On 1143111011014	Parkton				Parkt	on		Md		NO G
		AME OF	First	. 1	Middle		Last	4. DATE OF	Mon	th	Doy	Year
		ype or print)	GUSTAV	HE	RMAN	HOF	FEMAN	DEATH	1	1	20	19 6]
	5. SE	X	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. C	ATE OF BIRTH		9 AGE (In years last bigghday)		YEAR IF UN	7
		Male	White v	VIDOWED [] DIVORCED [8-16-1896		65 угз.	Months	Days Hou	rs Min.
	10a.	USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	ne 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or fareign co	ountry)	12. CITIZ	EN OF WHA	TCOUNTRY
		Farm			Retired		Baltim	ore	Md.	U	SA	
. \	13. F	ATHER'S NAME				1	4. MOTHER'S MAIDEN I					
Ł,		J	ohn Hoffman				Unk	nown				
_/		AS DECEASED EVE	R IN U. S. ARMED FORCE		IAL SECURITY NO.	17 INFO	RMANT		Add	ress		
	ÇTHIS,	No. or unknown]	(If yes, give war or dates of serv	`	2-10-6769	Mr	s Carrie Ho	ffman	Parkt	on	Md.	
	1		ATH Enter only one caus								LINTERVAL	BETWEEN
		PART I DEA	ATH WAS CAUSED BY	Ets	er Pilas	Con	- (b)	enton li	()		ONSET AN	ID DEATH
		204,		4	0 0							
		Conditions, if a	on which Y	f.	· alexa	t.	T. Fer	him.			5	1240
		gave rise to i	mmediate (7	1	0	- Gran	100 000				
		cause (a), stating lying cause lost,	the under-									
	l _z t		. , , (c) _ HER SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	/EN IN PART	1(a) 19. WA	S AUTOPS
	CATION					_						RFORMED?
		0a. ACCIDENT W	AS UNDERLYING 2	b. DESCRIBE	HOW INJURY OCC	URRED. (Enter nature of injury in	Part Lor Part	t II of item 18.)			
h	<u> </u>	OR CONTRIBUTING	MEDICAL EXAMINER			·						
V		Oc. TIME OF INJUI	RY Month, Day, Year	20d INJUR	Y OCCURRED 20	De PLACE	OF INJURY (Home, farr	n, 20f (City	or town)	IC.	ounty)	(Stat
	MEDICAL	Hour a. m	19	While	Not while	factor	r, street, office bldg., etc	-)	·	,		
	l ⊩	p m,		at work	at work		i = 1	11	20101	/	1	
			ot (I) (this hospital)	attended : ಓರ್	/		1/					
2		saw the decea	sed alive an 20 F	000	19_6 and H	nat dea	th accurred at 3_1	'M, fram	the causes ar	id an the	date stat	
/		A . L	1.1-11.	- 11 -	4		ATTENDINGM	ED _	STAFF		111	226 DATE
	-	22c. PHYSICIAN'S	that 1160	ci bli	1	M D	PHYS D	IRECTOR [PHYS 🗌		- ' '/	20/-1
		NAME (Type)	C HEDDE	0 + 1	41.000			1 12	1 1	11.		'
			116 K 36 1		1011111	JE		K 101		1 ,0		
	23a	BURIAL, CREMAT (REMOVAL (Specify)	1	NAME OF CEMETE				IION (City, town,	or county)	(5	itate)
		Burial	11-24-196	1 F	arkwood C	emet	ery	Balt	imore		yland	
	124 E	HAIRDA: DIDECTOR	C CICALATI IDE		ADDRECE		25a DEC	'D BY DEC. CT	PAR DEC PECI	CTPAP'S SIG	NIATHER	

DATE

Lasschnitz mysellome 7401 Belan Road

a ofter death. Page 4

. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 three by the haspital at oftending physician.

TO HOSI VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

	CERTIFICA	TE OF DEATH	19360
1	PLACE OF DEATH OCCUPITY BALL MARYLAND	2 USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution: Residence before admission) COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) RURAL - Cockeys !! !! 975.	Bultimore	its, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not infrospital, give street address) OR INSTITUTION Many land Masenic Home	d. STREET ADDRESS 28:7 Kyeckert	AVE. 15 RESIDENCE ON A FARM? YES NO E
3	NAME OF DECEASED (Type or print) Margaret Elizabeth	Hoff Man 4. DATE OF DEATH	Nov. 16 1961
L	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	san 11, 1871 9	(In years birthday) Months Days Hours Min.
	to. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUdying most of working life, even if retired)	Maryland	12. CITIZEN OF WHAT COUNTRY
	Grorge W. Armacost	14. MOTHER'S MAIDEN NAME Rachel Hut	ton
	ex. no. gl uphnown) (If yes, give wor or dotes of service) 214-03-744	Merry Ma. Machine	Home -Cock eggville
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underly lying cause lost.	arteir schrasis	INTERVAL BETWEEN ONSET AND DEATH 1/24/5:
MEDICAL CERTIFICATION	Bildteral bronchs preum on ia	T NOT RELATED TO THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 3(a) 19. WAS AUTOPS PERFORMED?
L CERTIF	20% ACCIDENT WAS UNDERLYING A CONTRIBUTING ACCURRED CONTRIBUTION A	ED (Enter noture af injury in Part I or Port II of it	em 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While at work of work	LACE OF INJURY (Hame, farm, 20f. (City or tow octory, street, office bldg., etc.)	n) (County) (Stok
	21. I certify that (I) (this-hospital) attended the deceased fram.	deoth occurred of 1966, to No. ATTENDING MED DIRECTOR FHY 22d. ADDRESS CALKEYS 1/4	ouses and on the date stated above 22b, DATE STONE
23	30. BURIAL. CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIFY 11-20-61 Emanueal Luth	OR CREMATORY 23d LOCATION (C	hester, Maryland

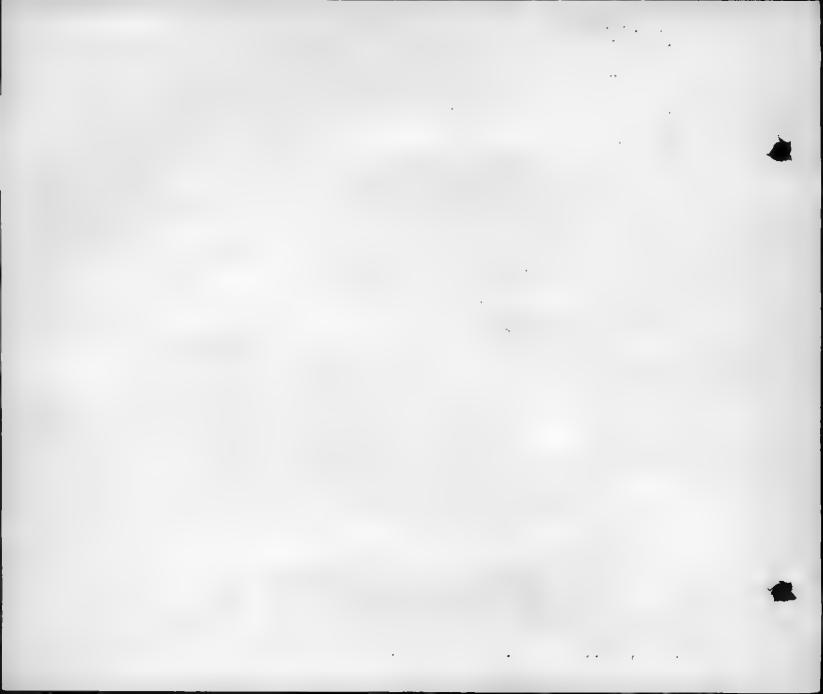
DATE

me di eviacioni

250 REC'N SY REGISTRAS 1 256. REGISTRAR'S SIGNATURE

TO HOSP VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wm.Cook, Inc., 1217 St. Paul Street, Zone 2



1	2	I to	20b Film 302 MARYLAND STATE DEPARTMENT OF HEALTH
	Margha .	other*	Division STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Ε,		MEDICAL EXAMINER'S CERTIFICATE OF DEATH12301
HEALTH DEP	Ί.	1, 1	2. USUAL RESIDENCE (Where Secretary ed. Hunstitution Fresidence before admission)
Page les.		-	Baltimore County Maryland Maryland
SEE A	ΛN	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	V		
al di	V!		Baltimore County I. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, givestraet address) 250 it. south of Sewer Rd., mile Baltimore 3 // () 7 d. STREET ADDRESS o. IS RESIDENCE ON A FARMY
in ale	$^{\wedge}$		east of North Point Blvd. 012 East Pratt Street
any ne fu etair etair deat			DECEASED OF Hound
h. If to the constant the		5.	Henry C. Holly November 16. 1961
d 3 d 3 ay with		۵.	MARKIED NEVER MARKIED Jast birthday) Months Days Hours Min.
er d		10.	Male White WIDOWED DIVORCED DEC. 25 140191 39 38 VIS.
s aff		don	e during most of working life, even if retired)
nour nges 1. Pa les 1		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pag Pag		6	
是这是是专工	- /	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
18. of 18.		(Yes	, no, or unkown) [lifyesgive werordatesofsarvice]
tred will will any any		- 1	NO JAMES L HOLLEY GOLDONS VILLE VA. 18. CAUSE OF DEATH [Enter only one couse per dire for (e), (b), end (c).]
Xec Tin I Png Pnsit	- 1		PART I. DEATH WAS CAUSED BY:
a alci	- 1		IMMEDIATE CAUSE (a) Carbonmonixide Poisoning
uld in p			Conditions, if any, which (b)
of s O s of s			geve rise to immediate cause
iner d as			(e), staling the underlying cause last.
whilis		No.	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
is ce ord al E in be	1	CERTIFICATION	PERFORMED? YES NO -
edic ould		RTIF	PR MARY X or CONTR.BUTING CAUSE WAS CAUSE OF DEATH. 1206. EXTERNAL CAUSE WAS PROBLEM OF DESCRIBE HOW INJURY OCCURED. (Enter nature of n ury in Port I or Port II of Hom 18) 1206. Trom the exhaust pipe. II
TER Table Sharing			CAUSE OF DEATH. "He inhaled carbonmonixide while in auto, by was of a hose
MIN ritin Chie ge d		WEDICAL	CAUSE OF DEATH. "He inhaled carbonmonixide while in auto. by Was of a hose 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 2Cv. PLACE OF INJURY (Home, form, Hour, st.m. While Not While Mot While fectory, street, office bldg., etc.) (County)
X.A.		WED	12:35 Nov. 16,19 6] at work at work Road Baltimore Co., Maryland
reat to			21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion
ent, Continuent			death resulted from Natural causes . Accident . Suicide X. Homicide . Undetermined manner
war war			CHIEF MEDICAL EXAMINER
MEI torw forw IL DI			SIGNATURE OF THE SIGNED ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
DEI T ME ease execute it should be forv FUNERAL D	2		DEPUTY MEDICAL EXAMINER
oulo oulo		225	NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, city, lown, or county) 11/16/61 BUR, AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C. Ly, town or country) 11/16/61
O DEI please 4 shou O FUI			REMOVAL (Specify)
H			FUNERAL DIRECTOR. ADDRESS AD
VS. AISME		1	NOV 17'61
5M 9/60	>	10	mes fluggenste 140 & dolum all DATE 47 8. Thomas
	1/		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12316 CERTIFICATE OF DEATH 12302

*	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	Baltimor e MARYLANI	a. STATE Mary land b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN write RURAL and give nearest town)	- 44 1 2444 4
- ,	Catonsville 28 days	Baltimore Eggl-4
7	d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp ta., g.ve street eddress) SPRING GROVE STAE HO PITAL	d. STREET ADDRESS 3709 West old Spring Lane a. IS RESIDENCE ON A FARM? YES NO T
	3. NAME OF First Middle	
	DECEASED	Huffington A. DATE Month Day Year OF November 24 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1	male white whower divorces	Oct. 26, 1892 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUdonal during most of working I fe, even if retired)	STRY 11 BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY
	paroll clerk	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alamandan Buffington	Mary Malone
	Alexander Huffington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1.	
	(Yes, no, or unkown; (Ifyesgivawarordalesofservice)	
	Yes War I 213-09-2797	
	18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c).)	NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteric sclero	tic cardiovascular disease
	# DUE TO	
	Conditions, if any, which	
	gave rise to immadiata cause	
)	(a), staling the underlying DUE TO	
	16]	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART I(a) 19. WAS AUTOPSY
	TAN IN OTHER STATE OF CONTINUES TO BEAT TO SEE	PERFORMED?
	PART .I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT Decubitus ulc PART .I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH Decubitus ulc OR CONTRIBUTING CAUSE OF DEATH	
	DR CONTRIBUTING CAUSE OF DEATH 206. DESCR SE HOW INJURY OCCU	IRED, (Enter nature of in ury in Part or Part II of item 18.)
		PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	Hour a.m. P.m. Hour a.m. While Not While et work at work	includy, shoot, other areast, over
	21. I certify that (3) (this hospital) attended the deceased from	oct. 24 , 19 6] to Nov. 24 , 19 61, that (1) (we) la
		hat death occured a. M, from the causes and on the date stated above
	22a. SIGNATURE	22b DATE
	Sella Wacheler	ATTENDING MED. STAFF PHYS. 27 D RECTOR PHYS. 7 11-21-61
	22c. PHYSICIAN'S	22d. ADDRESS SPRING GROV, STATE PUSPLIAL
	NAME (Type) Stella Wachsler, N. D.	Catonsville 28. Laryland
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)	
		ational Cemetery Baltinore, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Um of Tackness extense Bullinere 17, 1	Receipting. DATE NOV 2 7 61 Cu chur S. Times

within 24 hours effet y filled in by the funeral s Pages I apd 2 should TO HOST TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death.

5 death.

5 death.

7 death.

7 death.

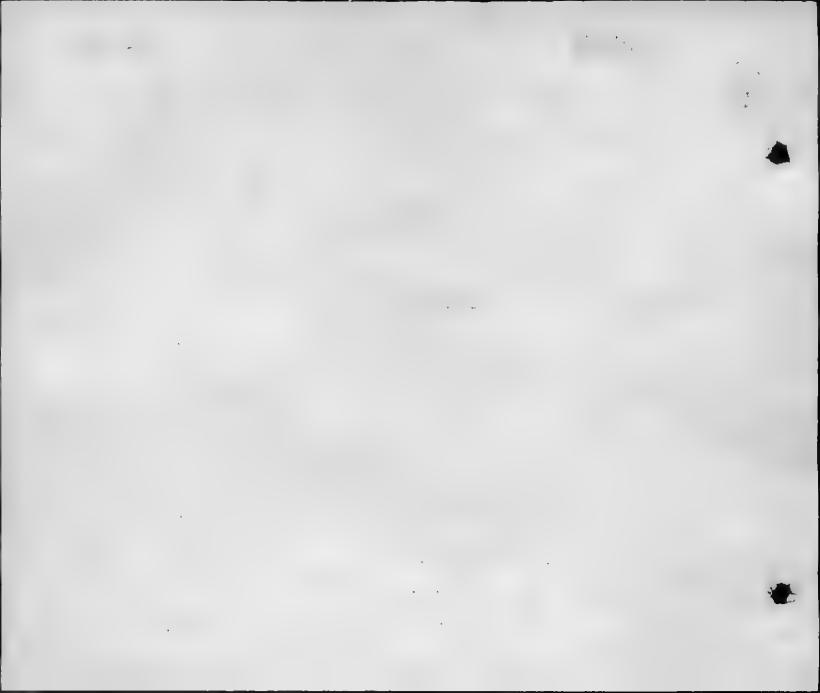
7 death.

8 death.

9 death.

9 death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eventy within 72 hours after



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) e. COUNTY MARYLAND CITY OR TOWN (if outside corporete limits, OR TOWN (If outside corporete limits, write RURAL end give neerest town) DECEASED (Type or print) DEATH carbon MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | and lest birthdey) Months JSJAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME U.Kuoww 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) NONE. 18. CAUSE OF DEATH [Enter only one ceuse per I no for (e., (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (e) teritis, unknown etiology Conditions, if eny, which gove rise to immediate cause (a), stating the underlying 20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part Lor OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Your 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f., City or town) [County] fectory, street, office bldg., etc.) While __ Not While Hour e.m. et work et work DIRECTOR: 25 19.6 1 that (I) (we) last 21. | certify that (I) (this nospital) attended the deceased from. ATTENDING S GNED DIRECTOR PHYS. PHYS. 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) Shaw Grove State 1 Gearld. 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 WESTERN DYRIAL 24 FUNERAL DIRECTOR'S SIGNATUR 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Francis W. In iller 210, Fludrick ave Butte Ind DATE 15M 9/60 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

300 The second

12318 **CERTIFICATE OF DEATH** Reg. Dist. Ma. director, filed with with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods TO03 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 6801 touse YES NO TO NAME OF Middle 4. DATE OF Yeor Filled DECEASED (Type or print) DEATH 196 Drance SEX 6 COLOR OR RACE MARRIED ANEVER MARRIED | 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthday) completely Months Days DIVORCED [WIDOWED [yrs. 10. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME mor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. r. 6801 Windsor n 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at wark of work p. m. 196/ that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12/457.M, from the causes and on the date stated above. alive on. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) he registra 22b. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) pode *REMOVAL* (Specify) secria ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

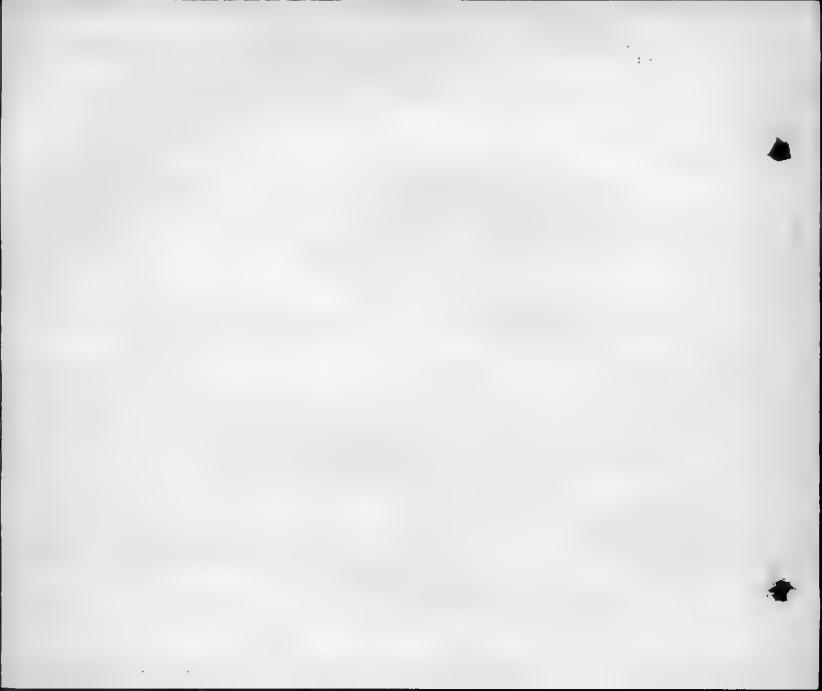
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

ofter death?

death certificate

15M 10/57



STREET, BALTIMORE 1, MARYLAND DEATH Im Gyuu 11 & 14 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) d STRAET ADDRESS ON A FARM? YES - NO 3. NAME OF DATE OF DF (Type or print) 5. SEX COLOR OR RACE HE UNDER 1 YEAR IF UNDER 24 HRS. AG NEYER MARRIED jey) Months Hours WIDOWED T 10s. USUAL OCCUPATION (G ve kind of work 196. KIND OF BUSINESS OR INDUSTRY ountry) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physici CWMSK attending phase in the please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher Johnson Markaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO (Yas, no, or unkown) | (Ifyesgive wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c).] ONSET AND DEATH APOPTEXY IMMEDIATE CAUSE (a) Arterio sclerotic Cardiovas cular Disease (a), stating the underlying PERFORMED? NO -20. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of in any in Part, or Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) (County) (State) 20e. TIME OF INJURY Month, Day, Year Not While factory, streat, offica bldg., etc.) While at work at work 21. I certify that (i) (this hospital) attended the deceased from NOV . 9, 1961, io. NOV, 1961, that (i) (we) last 19.6.1., and that death occured at 1. A.M. from the causes and on the date stated above. SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23d, LOCATION IC by, lowing or county) 23e. BURIAL. REMOVAL Specify) 1 DATE THEREOF S. 24 PUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** arthur S. Hims 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on a. COUNTY a. STATE **b.** COUNTY Baltimore # 2 4 2 Md. BaltimoreMARYLAND b. CITY OR TOWN (if outs de corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town Towson after Towson Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Seminary Ave Seminary papers. NAME OF Middle DATE DECEASED OF ELTZABETH (Type or print) KAUFMAN DEATH Nov. M. carbon 5 SEX AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE . 7. MARRIED T NEVER MARRIED 83 yrs. Months Deys Nov. WIDOWED K 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY, 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ernest Steinwedel Margatet Fink 15. WAS DECEASED EVER IN U.S., ARMED FORCES? | 16, SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive wer or detes of service) E. Seminary Ave. Irma K. Mund 702 nonone permit. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), Cerebral hemourhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-fransit ANTONIO 8 claratic Cardio Vasular Disease DUE TO Conditions, if any, which (b) geva risa to immediata cause DUE TO (a), sletting the underlying burial. ceusa lest. the the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY \$ Q esn' prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaer 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour e.m. el work el work 1958 10 NOV 300 21. I certify that (I) (this hospital), attended the deceased from. C.C. Tokel. saw the deceased alive on..! 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

After this etached DIRECTOR: 8 plnous death. ž å 0 VR A15 (4) 15M 9/60

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physician

attending

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signed by

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certificate

atunding

hospital

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Burial 24 FUNERAL DIRECTOR'S SIGNATURE Howard Hubbard Loudon ADDRESS

Wilkens

4107

Balto.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

. IS RES DENCE ON A FARM?

YES NO X

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(Stata)

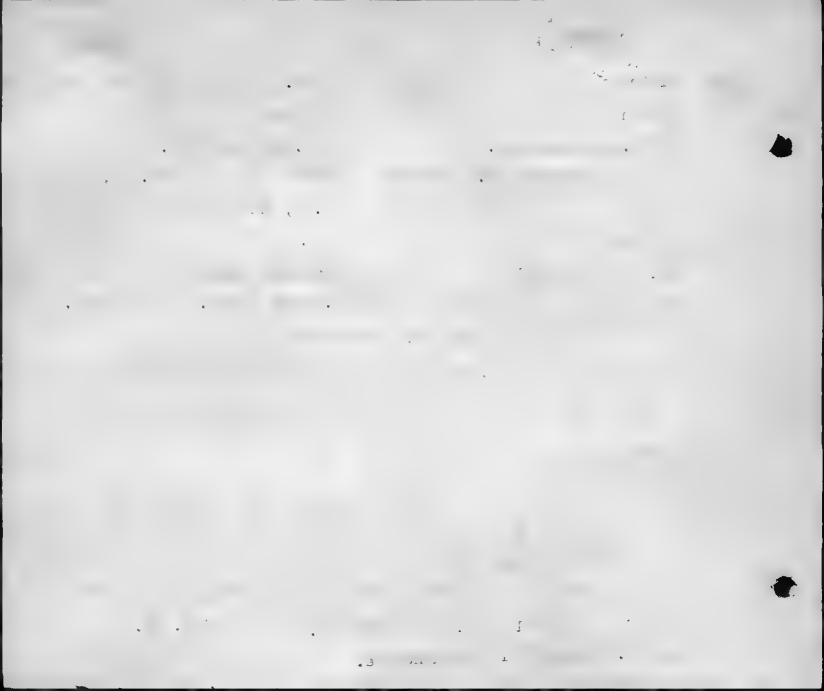
22b. DATE

(Stata)

SIGNED

IF UNDER 24 HRS.

61



12	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1	12321 CERTIFICATE OF DEATH Reg. Dist. No. 2	0000
M	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE b. COUNTY b. COUNTY b. COUNTY	admission)
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give neare (DVAL) and give neared (DVAL) (DVAL) and give neared (DVAL)	st town)
	OR INSTRUTION D	IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED A First Aniddle Last A DATE Manth, Day	Yes No No
-	(Type or print) (IN ON Q. REATH/lovember 2=	2, 1961
	M WIDOWED DIVORCED DEAT 21/895 6 6 Yrs. Manths Days	Haurs Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) Maintenance Man Penna, R.R. Deckeysville, Md J. S.	/HAT COUNTRY?
	13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN N	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (INFORMANT) (You no, asymptown) (If you, give wor or dates of service) 7/7-076347, - Mys. (linton Darme ustransform)	n Mod.
	ONSET	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	4
	Conditions, if any, which (b).	
	cause (a), stating the under DUE TO lying cause last. (c)	
	Y	WAS AUTOPSY PERFORMED? (ES NO
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 While Not while at wark at work 19 at wark 19 at wark 19 Not while at wark 19 Not wark 1	(State
	21. I certify that I attended the deceased from 1964, to NOV. 22, 1961, that I last saw to alive an NOV. 22, 1961, and that death accurred at 22,45M, from the causes and an the date s	
	ADDRESS (Street, city ar tawn, state)	DATE SIGNED
	SIGNATURE M.D. TRANCE M.D. PARKYON M.C.	1/21/6,
	PHYSICIAN'S FF. 14, FIFT NCE	
Marie	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 220 LOCATION (City, town, of country) DINCHOTOR (MICH, town, of country)	(Stote)
3	ADDRESS OF SIGNAPURE ADDRESS OF 240 REGISTRAR 246. REGISTRAR'S SIGNATURE	
/	Speak Milliallin, Thu I relation, Val, 1945y 27'61 Chilling S. Thank	



and complete, fill ed in by the funeral carbon papers. Pages I and 2-strond it, within 72 hours after death. within 24 hours after death. A way be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho

VR A15 (4)

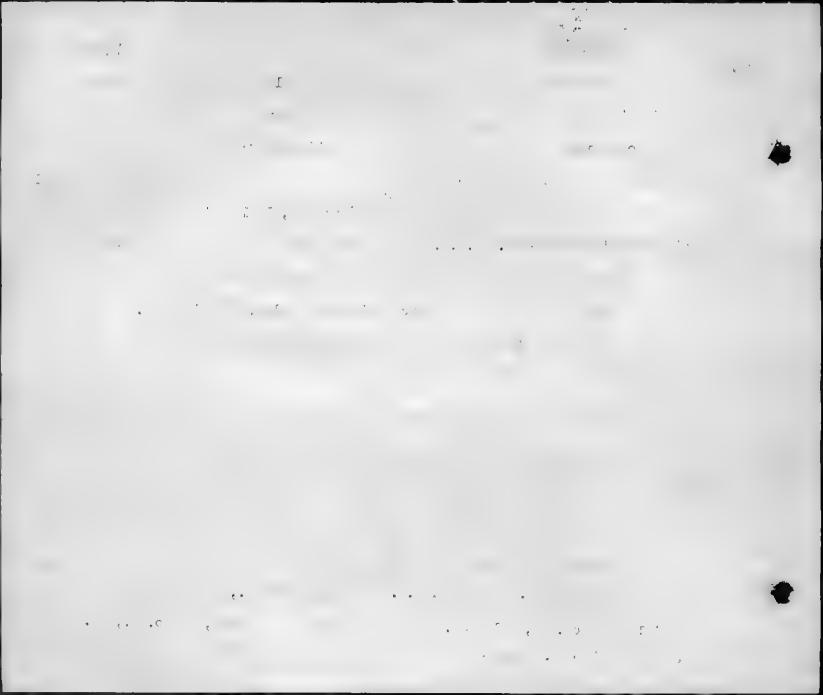
MARYLAND	STATE	DEPAR	TMENT C	F HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12322 CERTIFICATE OF DEATH

12308

e. COUNTY		If Institution: Residence before edimission)
Baltimore MARYLAND	o. State Maryhand b. cot	Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, we	rite RURAL end give neerest town)
write RURAL and give neerest town) Timonium	X Timonium	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
2070 York Road	2070 York Road	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Mos	nth Dey Yeer
(Type or print) THOMAS EDWARD KELLY		mber 22, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	February 8, 1891 70 yrs.	Months Deys Hours Min.
10e. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State or fore gn countr	y) 12. CITIZEN OF WHAT COUNTRY?
Railroad Telegrapher-Ret. P.R.R.	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Kelly	Mary Hessian	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17.		955
(Yes, no, or unkown) (Ifyesgivewarordatesofservice) No None None	diss Nora Kelly, Timonium,	Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c)]	ind hora horay, remonition,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: A R TERIOCCIER TIC	CEREBROVASCULAR DISEA	ONSET AND DEATH
334 DUE TO		1 11.5
Conditions, it eny, which \ (b)		
geve rise to immediate couse		
(e), steting the underlying Couse lest.		
PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION C	EVEN IN PART 1(e) 19. WAS AUTOPSY
OIL P		PERFORMED?
200. ACCIDENT WAS UNDERLYING \(20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (Slete)
Hour e.m. p.m. 19 et work et work	rory, street, office blags, etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	JUNE 1854 10/1/01 2	2 1964, that (1) (we) last
saw the deceased alive on SEPT 3 1961, and that		
22e SIGNATURE		22b, DATE
Williamathellohung	A.D. PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) William A. Pillsbury, M.D.	2060 York Rd., Timonia	ım, Maryland
238. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City,	
Buriel Nov. 25,1961 St. Joseph's	Cemetery Texas, Bal	to.Co., Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. I	
John Burns' Sons, Towson, Maryland	DATE NOV 2 7 '61	arilms S. Kraus



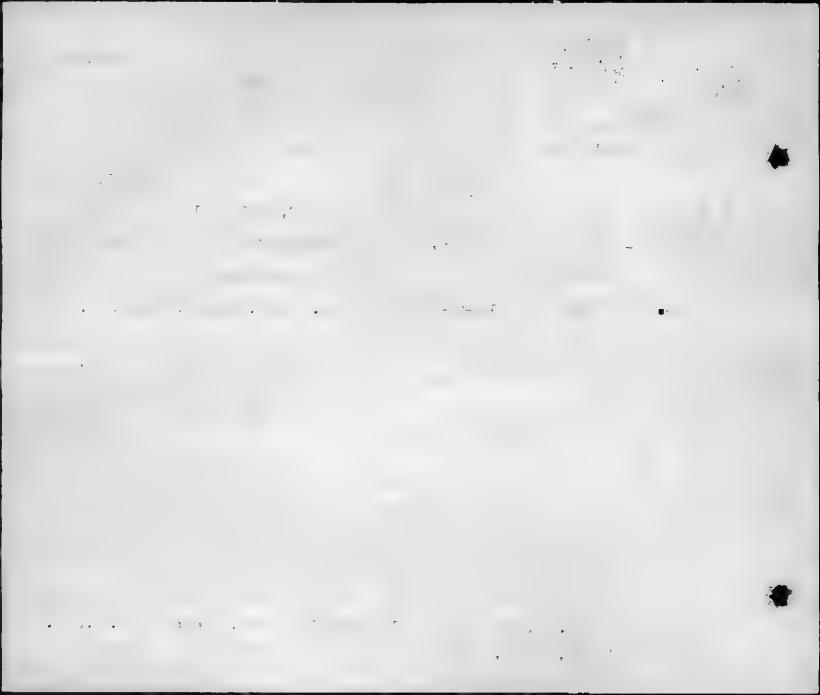
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ł	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreed fived, If institution, Residence before admiss on)
d	a. COUNTY	- STATE - COUNTY
N	Baltimore MARYLAND	Maryland Baltimore Baltimore
Ί	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	Towson	× Towson
١	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
	907 Southerly Foad	907 Southerly Road YES NOT
	3. NAME OF First Middle	Last 4, DATE Month Day Year
ı	(Typa or print) FRED ALOYSIS KENNEDY	DEATH November 21, 19 61
V	5. SEX 6. COLOR OR RACE 7. MARRIED 18	
ì		last birthday) Months I Days Hours Min
1		February 18, 1880 81 yrs.
J	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IY 11, B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Į	Salesman- retired Hardware	Pennsylvania USA
1	A A	1 14. MOTHER'S MAIDEN NAME
1	UNKNOWN	UNKNOUN
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	INFORMANT Address
١	(Yas, no, or unkown) ((Ifyasgivawarordates of sarvice) None 126-05-6042	Mrs. Fred A. Kennedy, Towson, Md.
1	IB. CAUSE OF DEATH [Enter only one cause per line for (e) (b) and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1		ifaction,
ı	DUE TO COMMUNICATION	ub eliver 21 com
ı	Conditions, if any, which (b) the Curtum	m I of any
ı	(a), stating the underlying DUETO	
1	cause last. (c)	
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	TAS .	YES NO
ı	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter netura of injury in Part I or Part I. of item 18)
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ı	20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
ı	at week	ory, streat, office bldg., atc.)
		1940 19 to MOV 21, 1961 that (1) (we) last
ı		den 1
ı		death occured at
1	226. SIGNATURE	ATTENDING MED STAFF SIGNED
1		D. PHYS. DIRECTOR PHYS. (46
ı	22c, PHYSICIANS NAME (Typa)	000000000000000000000000000000000000000
	1 tous 1. xamourga 11.	1 1001 St Knill . Baltemore 2 Ma.
	23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Spacify)	
	Burial Nov. 24,1961 Dulaney Valley	Memorial Garden. Texas, Balto.Co., Md.
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John Burns' Sons, Towson, Maryland	DATE NOV 2 7 '61 Circhar S. Proses



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND 57 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Resid a, COUNTY a. STATE the d MEDVISHD death c. CITY OR TOWN (If curside corporata lim.ts, write RURAL and g va nearest town) and b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 é write RURAL and give nearest lown) hours after lowson .5 = owson Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF Year paper complete DECEASED OF (Type or print) // UZS DEATH 19 carbon DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and (last birthday) Haues WIDOWED XX ema D.VORCED physician 1del. USUAL OCCUPATION (Give kind of work гетоув or lue gn 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Triest 13. FATHER'S NAME please affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT Address (Yes, no, or unknwn) + (If yes give war or detes of service) obann same. 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: OCARDIAL HOURS MMEDIATE CAUSE (a) burial-transit DUE TO aftending Conditions, if any, which (b) has been gave rise to immediate cause DUE TO (a), stating the underlying DIRECTOR: After this certificate has should be detached for use as the PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a), 19, WAS AUTOPSY CERTIFICATION hospital use as rior lo **PERFORMED?** 0 NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR SE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) 2Dd. IN.URY OCCURRED; 20e. PLACE OF INJURY [Home, farm, 20f. (City or lown] 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work p.m. 195, 1901., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on.... from the causes and on the date stated above 22b. DATE 22a. SIGNATUN ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS M.D. RAL 22d. ADDRESS 22c. PHYSICIAN'S death CO FUNE director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY REMOVAL (Specifit Duria ALCO AT REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



funeral hours after filled in b hours after papers. n 72 ho сотрые WHI.I. carbon all c event, physicia≡ гетоуе any please Then please physician. permit. 4 may be retained by the hospital or attending physiciar L DIRECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-transit permithe State Dept. of Health prior to burial, cremation, or re PHYSICIAN: death. e 4 page director, be filed v VR A15 (4)

CERTIFICATION

YED!

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) a. COUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) * Rosedale Rosedale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Philadelphia Road Philadelphia Road 3. NAME OF Middle 4. DATE Yaar DECEASED OF (Type or print) DEATH M Johanna Kistner 19 61 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Davs Hours Min Female. WIDOWED DIVORCED 4-6-1904 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife Md. Baltimore 8 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Tumbleson Mary E Bohlen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address {Yas, no, or unkown} | (Ifyes give war or detas of servica) No None Kistner 8067 Philadelphia Rd 6 Mr Louis 18. CAUSE OF DEATH (Enter only one cause per i(ne for (a)), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 120.1 DUE TO Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19. WAS AUTOPSY PERFORMED? alsette NO With YES 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of ilem 18.) OR CONTRIBUTING [7] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ! 20f. [City or town] [County] (Stete)

Hour a.m.

While Not White al work at work

factory, street, office bldg., etc.)

uns 199

DATE

SIGNEDI

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(2

21/1 certify that (I) (this hospital) attended the deceased from... 19.11 and that death occurred at 116M, from the causes and on the date stated above. the deceased alivecon wet 22a. ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS

22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

(State

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

p.m.

24 FUNERAL DIRECTOR'S SIGNATURE

ZION LUTH, CEM

ADDRESS

BALTO 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Kings

15M 7/61



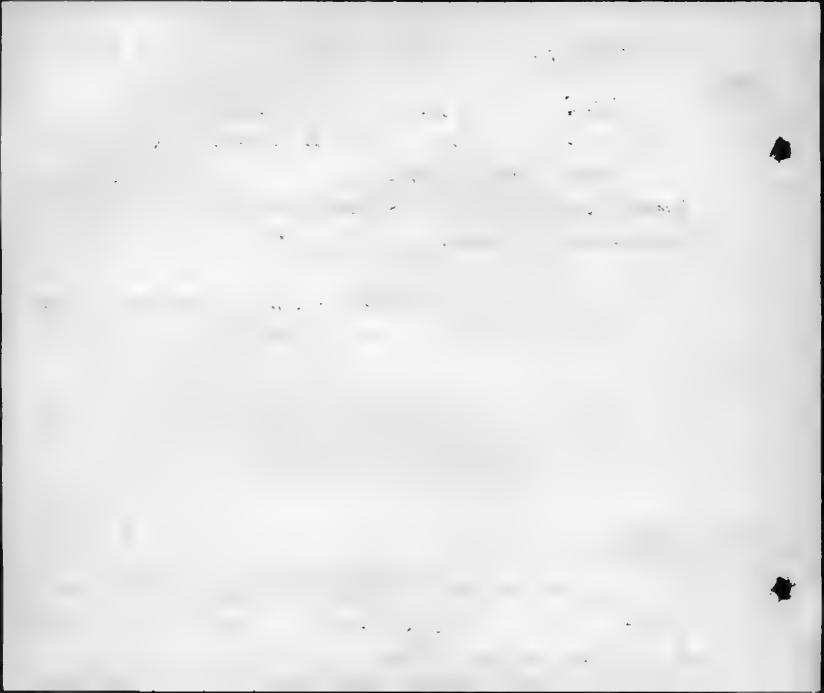
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DED PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Baltimore uneral director. Page b. COUNTY is necessary Marvland Baltimore MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Your Write RURAL and give nearest lown) ö Baltimore 6. Maryland Sparrows Point -0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS for 6. IS RESIDENCE ON A FARM? 8117 Pulaski Highway refained he State B Sparrows Point YES T NO 3. NAME OF Fresh Middle Last 4. DATE Month Year 2 with the S DECEASED and 3 to the OF (Type or print) Bruce W. Knauff DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years HE UNDER 1 YEAR! HE UNDER 24 HRS. last birthday) Male White Davs WIDOWED [DIVORCED within 24 hours after 18. Give Pages 1, 2, ar Page 5 is 1 and 2 in 72 how 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Carpenter Beth. Steel Co. S Pennsylvania II pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give € Unknown Unknown Hnknown Knauff FOLI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yas give war or dates of service) with any 8117 Pulaski Highway No Mrs. Mildred L. Knauff Office along w burisl-transil po amoval, and in a CAUSE OF DEATH [Enter only one cause perfine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This cert, ficate should be DUE TO removal, Conditions, if any, which {b} gave rise lo immediale cause "pending" W 10 DUE TO (a), staling the underlying Examiner 10 ö pesn couse last. fel cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY CERTIFICATION 2 the word Medical NO pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. ecute the certificate, writing be forwarded to the Chief (C) **Suri** MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) 0 ge While factory, streat, offica bldg., atc.) Not While Hour a.m. forwarded to the at work at work prior 21. I certify that I look charge of the remains described above, held an Autopsy Inspect on L __ Inquiry and in my opinion Natural causes / Suicide Homicide death resulted from Accident Undetermined manner CHIEF MEDICAL EXAMINER A designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ₹40 Burial Zion Evan. Lutheran Golden Ring Rd. Ralto. Co. Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR **ADDRESS** VS. A15ME Caller & Thous DATENOV 2 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



12327CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE ALTIMORE COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) **BURAL** and give nearest lawn) LUTHERVILLE. shauld LUTHERVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? W. SEMINARY 300 YES 🗌 NO 💢 OLLEGE MANOR HOME. NAME OF Middle last DATE Manth Day Year Filled DECEASED DEATH death (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Haurs complete Days DIVORCED TO WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NURSE HOSP and pou 2 FATHER'S NAME 14, MOTHER'S MAIDEN NAME 500 physician within remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 716 CLOUDY FOLD DRIVE O) KNIGHT altendin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO é Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the under**burial-transit** lying cause lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19 WAS AUTOPSY PERFORMED? Pg s YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 8 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, | 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while al work at wark p.m. 21. I certify that (I) (this haspital) attended the deceased from \$3 Health saw the deceased alive an and that death accurred at M. from the causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED ATTENDING MD PHYS. DIRECTOR -PHYS 22d, ADDRESS PHYS CIAN S page 3 sh the State FUNER 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) OUDON 0 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS.— BALTIMORE 1, MARYLAND



DIVISION	OF STATISTICAL	RESEARCH AND RECOR	DS, 301 W. PRESTO	ON STREET, BALTI	MORE 1, MA	RYLAND
	12328	CERTIFICA	TE OF DEAT	Н	1	12314
1. PLACE OF DEAT a. COUNTY Baltimor		MARYLANI	_ 'IATE		I, If institutions Ras DUNTY	danca before admission
b. CITY OR TOWN write RURAL an	(if outsida corporate limits, d give necrest town)	c. LENGTH OF STAY IN 1	b . C. LITT OK TOWN	(if outside corporete limits,	write RURAL and c	nive neerest town)
	ITAL OR INSTITUTION (f n	of la hospital, give street address)	d. STREET ADDRESS		- >	. IS RESIDENCE
Veterans NAME OF DECEASED	Administration Fresh	on Hospital	Last	4. DATE M	onth	Dey Year NO X
(Type or print)	WILLIA		KOHLER	1 TANK MINERY AND	mber	14 1961
5. SEX	6. COLOR OF RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		ars IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male		DIVORCED DIVORCED		897 <u>1</u> 64 yr	s.	ya I Ilouis Milli.
done during most of w	TION (G.ve kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDU				N OF WHAT COUNTRY
Clerk 13. FATHER'S NAME		Air Conditioni	14. MOTHER'S MAIDE	l, Pennsylven	ia V.	S. A.
Willie	m H. Kohler		Ella Lockha	art		
15. WAS DECEASED EV (Yas, no, or unkown) Yes	VER IN U.S. ARMED FORCES If yes give wer or dates of servi WW I	16. SOCIAL SECURITY NO. 17	2	rds, VAH, Balt	imore 18	, Maryland
		use per line for (e), (b), end (c)	PORT HOWALD D.	LATOTOM	ī	INTERVAL BETWEEN
1	TH WAS CAUSED BY, IMMEDIATE CAUSE (e)	CORONARY OCCIUSI	ON			RECENT -
Conditions, if en	y, which) (b)	ARTERIOSCIEROTIO	HEART DISEAS	SE		UNKNOWN
gave rise to Immed (a), stating the cause lest.	liate ceuse					"
Gangrene Operatio 20a. Accident W OR CONTRIBUTING (IF EITHER, NOTIF	. left leg di	NS CONTRIBUTING TO DEATH BUT LE TO ATTERIAL EN LION, STUMP, LEFT Db. DESCRIBE HOW THURY OCCU	abolus			19. WAS AUTOPSY PERFORMED? NO 19. NO 19.
ZOc. TIME OF INJ Hour a.m. p.m.	URY Month, Day, Year	20d. INJURY OCCURRED 20e. While Not While at work et work	PLACE OF INJURY (Home, fal factory, street, office bldg., el	rm, 20f. (City or town)	(Count)	(State)
	that (X (this hospital)	attended the deceased fro	m May 23 11	1961 to Novem	ber 1496	L, that (X) (we) last date stated above
22a. SIGNATURE 22c. PHYSICIAN'S NAME Type	comme X	Traham	TM.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS. 2] _	22b. DATE SIGNE 11/14/
THON	AS F CRAHAN	M.D.	VAH, BAL	10.18, MD., FT.	HOWARD D;	IVISION
REMOVAL (Specify Remov	1 - 11/16/1	961 New Oxford	Cemetery	New Oxfor	d, Penns	ylvania _
24 FUNERAL DIRECTO	R'S IGNATURE	ADDRESS	25e. R	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIG	SNATURE
Fred F Fer	SAW 7 TELL	New Oxford	P. DATE	OV 1 7 '61	Carl 9 9 6	

MARYLAND STATE DEPARTMENT OF HEALTH

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	1	2	3	2	9
OF DEATH	-				

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CEPTIFICATE OF DEATH

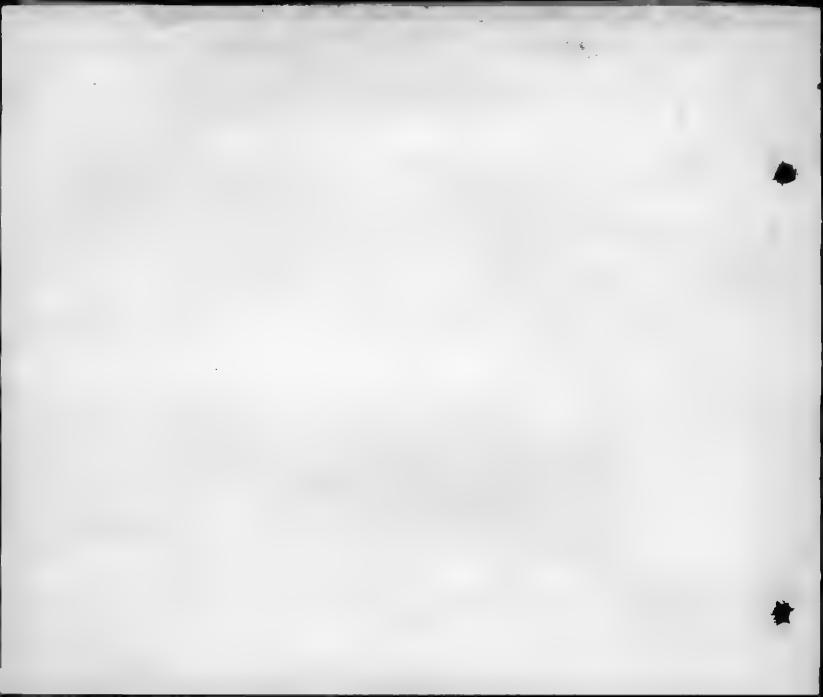
- 6	leg.	Dist.	No.	4	1	7	4	£

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1. PLACE OF DEATH O COUNTY	imore		MAR	YLAND	2. USUAL RES a. STATE	IDENCE (WH	nere deceased	d lived If instituti b. COUNTY	-	ince befo		sian)
RURAL and give		ls, write	c LENGTH OF STAY	IN 1b	c. CITY OR			rate limits, write R				n)
<u> </u>	imore		65		X	Falt	imore	9				
d NAME OF HOSP OR INSTITUTION	The Tree I To a	ive street o	oddress)		d. STREET	ADDRESS 6812	Dulu	ith Ave				SIDENCE FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lo	s†	4. DATE	Mor	nth	Do	Ty .	Year
	ouis	(no	niddle.) 3	ulacki		OF DEATH	1	1	P.	Á	10 71
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		DATE OF BIRT			9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS
Lab	White	WIDOWE	Miles	_	6/ /	1978		lost birthdoy) yrs	Manths	Doys	Hours	Min.
 USUAŁ OCCUPATI during most of war 	ON (Give kind of work or rking life, even if refired	dane 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHP	LACE (State	ar fareign co	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY
A, ent			Insuranc	e		olan	.C.			J	. N.Z	'A. a.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
I;	natz Tula					0	rek					
15. WAS DECEASED EVI (Yes. no. or unknown)	ER IN U. S. ARMED FOR- (If yes, give wor or dates of se	CES? 16 :	SOCIAL SECURITY NO	17, INF	ORMANT			Add	ress			
1.0			0-090988	A Ca	simir	Kula	cki	(s	eme	alo	ve `)
	ATH [Enter only one co	use per lin	ie fof (a), (b), and (c)	1,	4	1 (11	/\				ERVAL 8E	
PART I DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1/-	1400 50	1620-	Cur !	C. V.	NE	62000		ONS	SET_AND	DEATH
1/221	DUE TO										1	/ - 3
Canditions, if		1									·	
gave rise to cause (a), staling	immediale (
lying cause last.	(c)	}										
CAT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED?
200 ACCIDENT W OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	Enter noture o	f injury in P	art I ar Part	II of item 38)				
ZOC. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yea 19	White at work	Not while at work	20e. PLACI factor	E OF INJURY (Home, form, bldg , etc.	20f. (City	ar tawn)	((County)		(Slote)
21. I certify ti	hat I attended the	decease	d from		1955	, la) C	pu 3.) , 19 <u>.(/</u>	that I	last so	w the	claceosa
alive an	40 2-7	<u>ء الار</u>	, and that	death a	ccurred at	67	_M. from	the causes a				
\ \ \	loply lix	7	1 1		1			reet, city or town,				ATE SIGNE
SIGNATURES-	Hum !	DE-021	team ore	M.I	67	141	7027	18/12	il	do	10	2-1-6
PHYSICIAN'S S	TEPHEN	(0	MACYO	· A	(1	3al	priexe)	- C\	7-0	(,
220. BURIAL, CREMATIC REMOVAL (Specify	N, 22b. DATE THEREO	F	22c. NAME OF CEM					ION (City, town, o			(State	e)
3 01 TOT	10/2/71	-	L	risla.	us		Fal	to., ""a.	•			
23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS		. 1	24a. REC'D	BY REGISTR	RAR 24b. REGIS	TRAR'S SI	GNATUR	E	
Walter 1	Inbrown Ke	100	5 Wienes	nok	1/2/	DATE	5 '61	21.0		A. War		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within a lours after death. Page 4 may retained by the haspital or attending physician.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely film in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



hours after



MEDICAL EXAMINER HENLTH DEPT. 1. PLACE OF DEATH e. COUNTY Page a. STATE Baltimore MERVLEND Maryland b. CITY OR TOWN (if outs de corporale limits, & LENGTH OF STAY IN 16 write RURAL and give nearest fown] direct Fort Howard 3 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS Bog Veterans Administration Hospital Foster Ave.. 3. NAME OF 4. DATE DECEASED (Type or print) DEATH WATIYON LAMBERTSON 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 2 wif WIDOWED -DIVORCED [March 28, 1889 72 Male Ain 24 ho. Give Pages 1, and PM3. Page 5 10e. USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Worcester Brakeman Railroad 13. FATHER'S NAME James E. Lambertson Arintha Ford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (lifyesgivewerordetesafservice) with 217-05-0766 FORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one cause per line for ie), bl. and (c). along -transit PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (0) CORONARY OCCULISION Office DUE TO (b) geve rise to immediate cause DUE TO word "pending dical Examiner": (e), steting the underlying cause last. used 8 Medical pinons 20b. DESCR.BE HOW INJURY OCCURED, (Enternature of injury in Pert I or Pert II of Item 18.) 5 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A age to bu 2Dc. TIME OF INJURY Month, Dey, Year 20d. INJORY OCCURRED , 2De PLACE OF INJURY (Home, farm, 20f. (City or town) I fectory, street, office bldg., etc.) While Not While Hour e.m. et work al work 21. I certify that I look charge of the remains described above, held an Autopsy ${f X}$, Inspection 20 Inquiry should be forwarded | FUNERAL DIRECT(Natural causes V death resulted from: Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER [EXAMINER'S NAME (Type) MELVIN B. DAVIS, M.D. Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY
First Baptist
Teeomoke Cemetery 226. BURIAL, CREMATION 226. DATE THEREOF 22d. LOCATION City, town, or country) REMOVAL (Specify)
Burial Pocomoke City, Maryland <u>₽</u>40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S S GNATURE 23. FUNERAL DIRECTOR VS. AISME O Thung & Kraue Henry H. Watson, Pocomoke City, Maryland SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institution, Residence before eds **b.** COUNTY c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) 3122 Foster Avenue, Baltimore 24, IS RESIDENCE ON A FARM? YES NO November AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Worchester Co., Maryland Address Clinical Records, VAH, Baltimore 18, Maryland INTERVAL BETWEEN ONSET AND DEATH PART I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19, WAS AUTOPSY PEREORMED? (State)

and in my opinion

DATE SIGNED

* * * * * *

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



filled in by the funeral Pages 1 and 2 should githin 24 hours after TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. The may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land be filed with the State Dept. of Health prior to burial-transit permit.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12319

ъ т					J. TO J. T.
7	1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE	SE (Where deceased lived, If institute b. COUNTY	ution: Residence before admission)
-1	Baltimore	MARYLAND	Mary.		Balto.
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		f outside corporete limits, write RUR	
П	Towson	7 yrs	Roll.	imore	1 4
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d, STREET ADDRESS		a. IS RESIDENCE
Ê	Stella Maris Hospice		320/1	Romona Avenue	YES NO
	3. NAME OF First	Middle	Lest	4. DATE Month	Day Yeer
	(Type or print) Frances	Elizabe th	Langan	OF DEATH 11	5 1961
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS.
			12/7/1874	last birthday) Mo	nths Days Hours Min.
	10a. USUAL OCCUPATION (Give x.nd of work 10b. K)	ND OF BUSINESS OR INDUSTR	Y 11 B RTHPLACE Count		12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)		Common		TT S A
	Housewife 13. FATHER'S NAME		German 14. MOTHER'S MAIDEN		U. D. H.
	Frank Brown Ba	11 m 12 N/n!	Elizabe	th 12 mmn A7	-h mANN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I		Address	
	(Yes, no, or unkown) (liyes give wer or dates of service)	Nama	Adm	ission Records	
	18. CAUSE OF DEATH [Enter only one cause per le	None	-		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Circle on The	uphre Vas Cu	la Collenna	ONSET AND DEATH
	BUE TO		7		
	1 42	ENDUSA VA	mui ()	L - li alun	
	gave rise to mmediate cause	July was	>	- jugi jin	-
	(e), stating the underlying DJETO couse last.	Kerl		•	
		TRIBLITING TO DEATH BUT NO	T RELATED TO THE TERMIN	A. DISEASE CONDITION GIVEN II	YPART IIAU 19 WAS AUTOPSY
2					PERFORMED?
j	20e ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of snjury in F	Part or Pert of Item 18.)	112 [] 110 []
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, ferm		(County) (State)
	20c. TiME OF INJURY Month, Day, Year 20d. While Hour a.m. While et worl		ory, street, office bldg., atc.) 	
	21. I certify that (I) (this hospital) attend	ded the deceased from.	Sept.	1960, to Nov.	, 196.7 that (I) (we) last
	saw the deceased alive on Nov. 5	-			
	22e SIGNATURE				22b. DATE
	Kobert .	Makon M		AED. STAFF HRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S		22d ADDRESS		
	NAME (Type) Dr. Robert Ma	ahon	602 🖫	. Joppa Rd. T	owson 4
	236, BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	BEMOVAL (Specify)	Holy Rec	deemer	BALTIM	ore Mi.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
	7 11 11 62.1	11 225 - 21	A DANOV	7 '61 arthur	S. Krous
	X	- 1 - 1 - 1 - 1 - 1 - 1	1	•	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	160	04		CERTIFIC	CA	IE OF DEATH			12	200
1.	PLACE OF DEATH a. COUNTY Baltim	nore		MARYLA	AND	2. USUAL RESIDENCE (Who as STATE Maryland		5 COUNTY	Residence bef Baltin	
	b. CITY OR TOWN (if RURAL and give ne	outside carporate lin arest tawn)	nits, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF a	utside corporate l	imits, write RUR	AL and give no	earest tawn)
_	Towson					Towson				
	d. NAME OF HOSPITA	AL (If nat in haspital,	give street o	address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	526 Du	inkirk Ro	ad			634 Reg€	ster A	ve.		YES .NO
	NAME OF DECEASED (Type or print)	Richard	irst	Henry		Lau	4. DATE OF DEATH	Manth Nov.	. 10	O 1961
۶.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED		B DATE OF BIRTH	9. A			R IF UNDER 24 HR
	M	W	WIDOWE	D DIVORCED		4-10-1902	5	st birthday) A	Manths Days	Haurs Min
10c	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	ar fareign cauntry	1)	12. CITIZEN C	OF WHAT COUNTR
-	Owner	ing life, even if retire		uto Repair	~	Penna.			U	SA
	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	Noah I	au				Laura He	enry			
				SOCIAL SECURITY NO.	17 IN	FORMANT		Addres	5	
{Ye	no or unknown) [1	IF yes, give wor or doles of	21	2-01-1109	Mr	s.Ione L. S	Summers	on 526	Dunk:	irk Rd.
		TH (Enter only one o		e far (a), (b), and (c).]					IN	TERVAL BETWEEN
		TH WAS CAUSED BY	P			edm a			101	ISET AND DEATH
	420,1	IMMEDIATE CAUSE (,	airena	~~ <u>}</u>	Tare				
	F		` \	4	ī	î la F	~ /_			
	Canditions, if ar	n mediate	b)	140 caras	91	Twice	1000			
	cause (a), stating t		° X.	Farianta		4 . L	710			
-	lying cause last.	<u> </u>	(c)	TIENTION CIEN	COL	IC MEDIL		case.	. () 4 B 4 B T 1/ 3	ID WAS AUTORS
CATIO	PART II. QIH	EK SIGNIFICANT ÇOL	ADHIONS E	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NUITION GIVEN	IN PARE (G)	PERFORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$0	CRIBE HOW INJURY OCC	CURRED	D. (Enter nature of injury in t	Part I ar Part II a	stem 18.)		
CAI	20c. TIME OF INJURY	Y Manth, Day, Y			Oe PL/	ACE OF INJURY (Hame, farm tary, street, affice bldg, etc.	, 20f. (City or to	own)	(County	y) (Sta
MED	Haur a.m.	19	While at wark	Nat while	TCAL	iory, street, diffus blug , etc.	"			
	21 I certify that	t (1) (this hospite	al) attend	ed the deceased fr	ram	19	9. to	August	1961	that (I) (we) Ic
	saw the decease		Auga	. //		eath accurred at 7 P	M. fram the			* * * .
	22a. SIGNATURE									226 DATE
	5		56	-~-0		M.D PHYS DI		AFF HYS	- 11	11/G/SIGN
	22c. PHYSICIAN'S NAME (Type)	SAMUE	LS	TERN		22d. ADDRESS				
23	a. BURIAL, CREMAT O	N, 23b. DATE THERE	OF	23c. NAME OF CEMET	ERY O	R CREMATORY	23d, LOCATION	(City town, ar	caunty}	(State)
	Burial (Specify)	11-13-	61	Moreland	Me	emorial	Baltim	ore Co		Md.

24, FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/59

2Sq. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Catt of L. Thank

FUNERAL DIRECTOR'S SIGNATURE ADDRESS

.W. Jenkins & Sons Co. 4905 York Rd, Balto DATE NOV 1 4 '61

CERTIFICATE OF DEATH 12335Reg. Dist# Ndt 40 40 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed o. COUNTY **b. COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, write Funeral c. LENGTH OF STAY IN 1b c. CLIX OR TOWN (if outside corporate limits, write RURAL and give nearest lawn) ploods alonsin d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES . ause in 4. DATE NAME OF Filled a DECEASED DEATH (Type or print) 19 9. AGE (th years 6. COLOR OR RACE MARRIED | NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months WIDOWED DIVORCED | yrs. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service) of miding 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🖼 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20c TIME OF INJURY 20e PLACE OF INJURY (Home form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) VED Hour a.m. While Not while at work of work 1961, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 29 M, from the causes and an the date stated above. DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 12-1-61 SIGNATURE M.D. 3 shauld PHYSICIAN[®] 401 Random Rd. 29, Md John F. Schaefer, NAME (Type) FUNER 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATOR LOCATION (City, lown, or county) pode -REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12336 Reg. Dist. No/> PLACE OF DEATH 2. USUAL RESIDENCE IWhere deceased lived. If Institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND buriof, b. CITY OR TOWN III outsid c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carperale-timits, write RURAL and give nearest town) (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOW NAME OF 2Middle 4. DATE OF Day Year DECEASED (Type or print) DEATH 19 6 5. SEX 9. AGE (In years MARRIED | NEVER MARRIED ATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED4 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during ross) of working life, wen if refriged) OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (State of Sefeign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? / 1/6. SOCIAL SECURITY NO. 17. ANFORMANT Address Give 18 CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate couse DUE TO (a), staling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJUSTY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLICE OF, INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.) (State) at wark at work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection ... Inquiry 10, and find that deoth resulted from: Notural couses Accident . Suicide III. Homicide . Undetermined couse **ACTUAL** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNER NAME (Type) DEPUTY MEDICAL EXAMINER DEPU cute th 22a, BURIAL CREMATION, 122b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ine Grove Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Hours Waltz Winfield 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITATIONS PHYSICIAN: The low requires that the death certificate be executed within 24 hor confer death. Page 4 may be it, ed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be defached for use as the buriol-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the registrar prior to buriol, cremation, or remaval, and in any event within 72 pages after death.

13

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12337 CERTIFICATE OF DEATH

Reg.	Dist.	Ně.	25	200	>

1	PLACE OF DEATH o. COUNTY Baltimore			MARY	(LAND	2 USU	AL RESIDENCE (VITATE TYLAND	Where decease	ed lived b	If institution	n: Resideni ltimo	ce befor	re odmissio	on)
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi arest tawn)	ts, write	c LENGTH OF STAY	IN 1b	CC	ITY OR TOWN (I			its, write RI	URAL ond (jive neo	rest town)	
L	<u>Catonsvil</u>					1		sville						
	d NAME OF HOSP TA	L (If not in hospitol, g	ive street	oddress)	1	d.	STREET ADDRESS						ON A	
L		ling Road				15	N.Rolli	ng Roa	.d				YES 🔲	
3.	DECEASED	Fir	st	Middle			Last	4. DATE OF		Man		Do	y Yı	eor
L	(Type or print)	JOH	V	LINK	Jr.			DEATH		Nov.	12,19	16L	11	9
S	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRI	ED 🔲 8	. DATE	OF BIRTH		9. AGE	(In years birthdoy)	IF UNDER Months	1 YEAR Days	IF UNDER	R 24 HRS Min.
L	Male	White	WIDOWI				t.13,189		6	8 yrs.	Months	Days	Hours	MIR,
10	Oa. USJAL OCCUPATION during most of working	N (Give kind of work i ng life, even if retired	dane 10b	KIND OF BUSINESS C	OR INDUST	TRY 11.	BIRTHPLACE (Sto	te or foreign	country)		12, CITI	ZENOF	WHATCO	DUNTRYP
	Salesman						Baltir	nore, Mo	ì					
1;	3. FATHER'S NAME					14. M	OTHER'S MAIDEN	NAME						
ı	John Li	nk Sr.				Ban	rbara Bas	sehni	le					
	WAS DECEASED EVER	IN J S. ARMED FOR		SOCIAL SECURITY NO	IN	FORMA			2	Addr	ess			
ľ	No No	f yes, give war or dates of s		3-05-6056	Mr	S	John Link	dr.	N.F	ollir	n Road	i.Ca	tons	ville
	18. CAUSE OF DEAT	TH (Enter only one co	use per li	ne far (a), (b), ond (c)			4	0 /					RVAL 8ET	
	PART I. DEAT	H WAS CAUSED BY	Co	cenor	21	5	Ha. K	Retu	un			ONS	ET AND I	DEATH
L	154 X	DUE TO	N. W.			J	7 4 54 1						-	
П	Canditions, if on	v. which }												
	gave rise to 1m		l.	-				*						
ı	couse (a), stating th	he <u>under-</u> (DUE IU												
١,	lying couse lost) (c												
NOTED	PART II OTHE	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT I	NOT REI	LATED TO THE TER	MINAL D SEAS	SE COND	ITION GIV	EN IN PAR	[](a) []*	9. WAS A PERFOR	UTOPSY MED?
													YES 🗌	NO 🗌
CEPTIFI	20a ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY O	CCURRED	(Enter	noture of injury i	n Part I or Pa	rt II af iI	em 18.)				
			r 720d 11	NJURY OCCURRED	20a PLA	CE OF	INJURY (Hame, fo	206 (Cit	y or taw	-3	11	County)		(Stole)
MEDICAL	Hour o.m.	19	While	Not while			eet, office bldg., e		, 01 10**	*7	,	20011177		(31010)
13	p. m.	IA	at war		1 1	_		-						
	21. I certify the	at hattended the	deceas	ed from	00	/	19.6. /_, to	nove	12	, 19 .6 7.	that I la	st sav	v the de	eceased
L	alive on	1000	_, 12 . (-f, and that	death	accur	red at	M, from				e date		
V							,	ADDRESS (Street, cil	y ar town,	state)		DATE	E SIGNED
I	ACTUAL	7010	2~	20	N	1.D.	3325	tre	203	Ric	t 0	٦/		
	PHYSICIAN'S NAME (Type)	(T. C.	Po	115										
2	20 BURIAL, CREMATION	226 DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMA	TORY	22d. LOC/	TION (C	ily, town, c	or county)		(Stole)
	REMOVAL (Specify)	37-15-	67	Western	Ceme	ter	C.F.	Balti	more	TAME:				
2:	3. FUNERAL DIRECTOR'S			ADDRESS	Oeme	ACT.		C'D BY REGIS	3		STRAR'S SIG	SNATU	RE	
	F.C. Higinbo		ott.	City Md										
_	L.O. UTETIOO	orrent prizate					DATEN	OV 1.5 '	<u> </u>	_ Cal	Sun 8	Thomas	4	



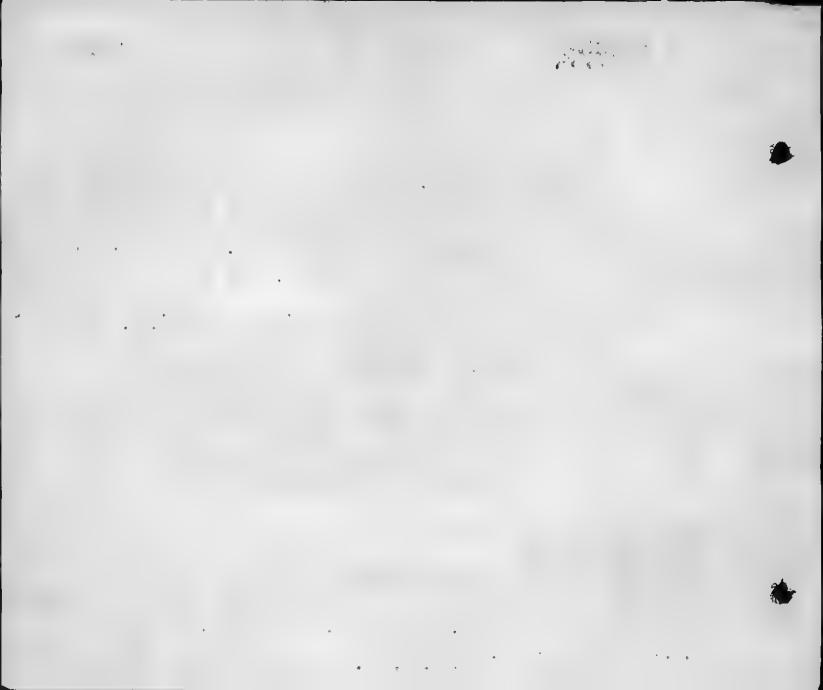
19235

MARYLAND STATE DEPARTMENT OF HEALTH

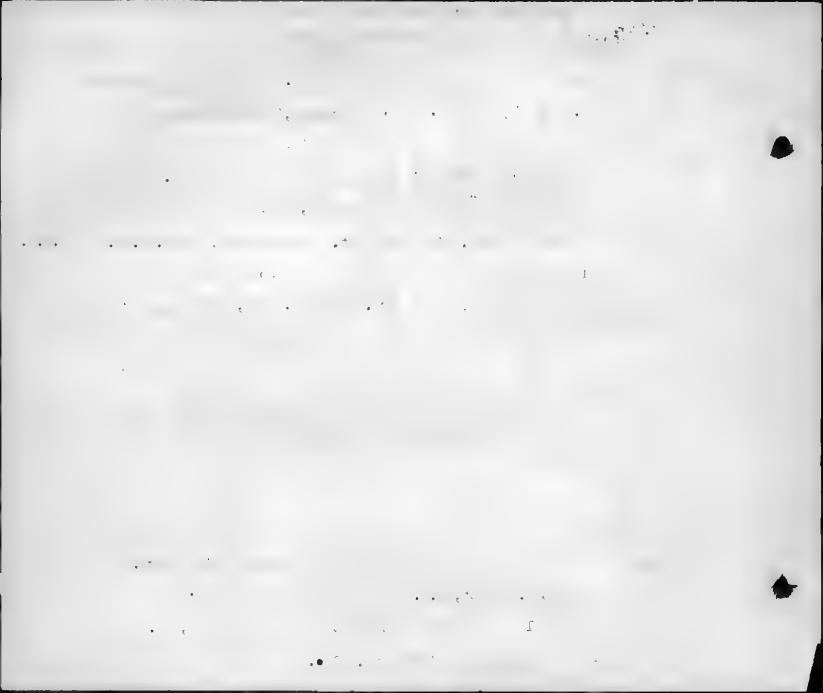
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission)
	e. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OK TOWN (If outside corporete limits, write RURAL and give nearest town)
	X Marray
Towson	Towson
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS a. IS RESIDENCE ON A FARM?
Morroon Consollerant II.	
Towson Convalescent Home	JAO GOLGOIT TOUGH
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
[Type or print]	DEATH Norrombors 10 10 63
5. SEX 6. COLOR OR RACE TO MARRIED TO NEVER HARRIED TO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthdey) Months Days Hours Min.
F W WIDOWED DIVORCED	10/23/1886 75 yrs. Montas Days nous man.
10e. USUAL OCCUPATION [Give kind of work , 10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	II, BIKINFLACE (COUNTY & See, Or love on Country)
Teacher Education	Ashland Md. U.S.A.
13. FATHER'S NAME	Ashland Md. U.S.A.
Luke Logan	Mary B. Keel ey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.! 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
No Kat	therine V. Logan 301 W. Chesapeake Ave.
18. CAUSE OF DEATH [Enter only one cause per i ne for (a), (b), and (c),	TO a see and a PINTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	
IMMEDIATE CAUSE (e)	2 Week
450.0 DUE TO 0	
	Arteriosclarosis logi-
Conditions, fony, which by Collection	Ay lexioscioresis loye
DIETO	
(a), stating the underlying course last.	
(6)	
	OF BUILDING TO THE TERMINAL DISTANCE COMMITTON COURS, IN BART 1/2 10 WAS AUTORCY
O STATE OF S	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E CONTROL OF THE PROPERTY OF T	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
THE ACCIDENT WAS INDEDIVING TO 1 20th DESCRIBE HOW INTIDA OCCUR.	PERFORMED?
20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	PERFORMED?
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURS	PERFORMED?
20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CONTRIB	PERFORMED?
20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO L. D. (Enter neture of injury in Part II or Part III of item 18.)
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 206. PL	D. (Enter neture of injury in Part I or Part II of Item 18.) ACE OF NIJRY (Home, farm, 20f. [City or town) (County) (State)
20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED fall work et work	PERFORMED? YES NO L. NO L. NO L. ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Dey, Year White Not White for work et work et work. 207. TIME OF INJURY Month, Dey, Year White Not White et work et work. 21. Certify that (I) (this hospital) attended the deceased from	PERFORMED? YES NO L ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) The state of injury in Part II or Part III of Item 18.)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED for work at work at work at work at work at work at work.	PERFORMED? YES NO Output NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED for the work at work at work at work at work.	PERFORMED? YES NO L ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) The county of
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206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year White Not While et work et work et work. 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on	D. (Enter neture of injury in Part I or Part II of Item 18.) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State)
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206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year White Not While et work et work et work. 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on	PERFORMED? YES NO L ACE OF NIJRY (Home, farm, 20f. [City or town) (County) (State) The county of
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206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year White Not While et work et work am. 19 20d. INJURY OCCURRED 20e. Ply Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 20c. 10c. 12c. 1. and Manual Property Color of the Color of th	PERFORMED? YES NO L O. (Enter neture of injury in Part I or Part II of Item I8.) ACE OF .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State) ACT of .NJJRY (Home, farm, 20f. (City or town) (County) (State)
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20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While Not While et work et work et work at wore	D. (Enter neture of injury in Part I or Part II of Item 18.) ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) ATTENDING MED. STAFF PHYS. 1/20 CONTENT ON THE COUNTY OF COUNTY (STATE) OR CREMATORY 23d. LOCATION (City, lown or county) (State)
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PI While Not While at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 200. 195	D. (Enter neture of injury in Part I or Part II of Item 18.) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State) ACE OF, NJJRY (Home, farm, 20f. (City or town) (County) (State)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While Not While at work at wore	D. (Enter neture of injury in Part I or Part II of Item 18.) ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) ACE OF NJJRY (Home, farm, 20f. [City or town) (County) (State) ATTENDING MED. STAFF PHYS. 1/20 CONTENT ON THE COUNTY OF COUNTY (STATE) OR CREMATORY 23d. LOCATION (City, lown or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



If any delay is necessary, please exe-he funeral ctor. Page 4 shauld be TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the control of the funeral control of the control

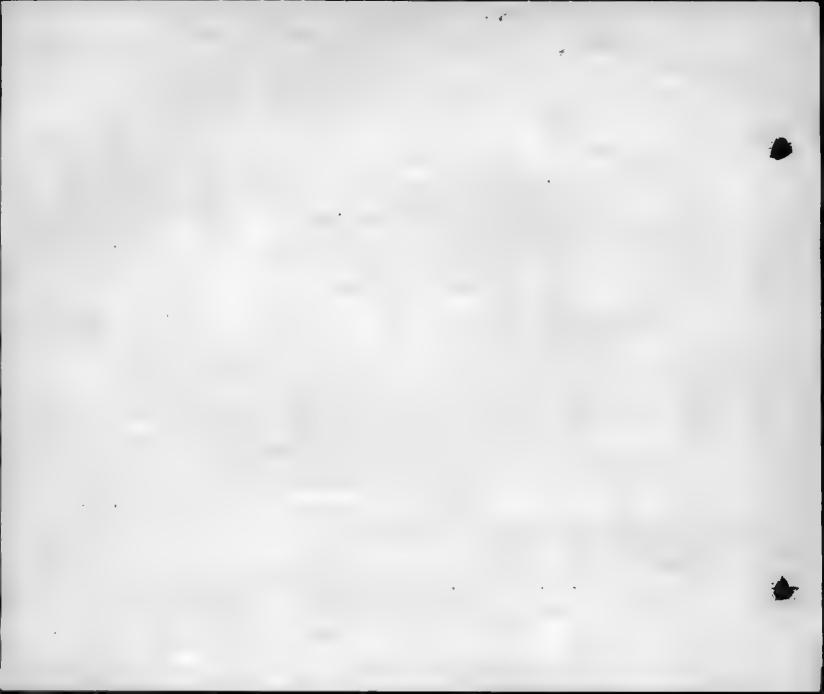
on removal.

5M 9/55

VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19940

16010			00	٠	17/20/67 -1			Rog. E	list, No	240	24.
1. PLACE OF DEATH		- non-			2. USUAL RESIDENCE (V	There decea	sed lived. If Institu	tion: Resid	lence be	fore admi	ission)
Dalti.	2		MARYL	AND	o. STATE		b. COUNT		1 + 4 .		
b. CITY OR TOWN (If outside and give negret) town)	corporale limits, write RU	RAL	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (IF	autside cor	porate limits, write		-	earest to	wn)
201, 6307	u J				A Walethorn	10					
d. NAME OF HOSPITAL OR		ot in hospit	al, give street address)		d. STREET ADDRESS	tot.					ESIDENCE
1201 Francis	Ave				1201 Franc	is Av	e				A FARM?
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Monti	h	Day	Y	rear T
	ce E.	L-	1,300			DEATH	1707t			0511	
5. SEX 6. CC	DLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (in years foot birthday)	Months	Days	Hours	Min.
Male	MILLION	IDOWED [by. 18,1886		75 yrs.	Wightins	Days	Hours	ryttyt,
10a. USUAL OCCUPATION (Gir during most of working life,	re kind of work done even if retired)	10b. KIN	ID OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stole	ar foreign a	country	12. ÇI1	IZEN O	F WHAT	COUNTRY
	. lolico	0271	on Dulio.	Oi b				**	: A		
13. FATHER'S NAME	as Laimes			1	4. MOTHER'S MAIDEN N	MMEOUD					
TOUS.	on Lovman				,						
15. WAS DECEASED EVER IN 1	J. S. ARMED FORCES	S? 16. SC	CIAL SECURITY NO.	17. INF	DEMANE	A1 "	Address				
1.0	pre-was or users at saying	,		A POLICE							
18. CAUSE OF DEATH [En	ter only one couse p	er line for	(o), (b), and (c).						INTER	RVAL BETWE	EEN
PART I. DEATH WAS		-	Jagan not the	3	3 7 27 70	.,.	, ,, ,	7.324	ONS	ET AND DEA	ATH
I I W	DUE TO		1.				x	1 111			
Conditions, if ony, wh		- 1		7 7			3 1				
gove rise to immediate co	ouse (_ 55 C	· · · ·	1,101,	<u> 0. y</u>		<u> </u>		-		
(a), stating the underly	ring DUE 10:	#r	7								
PART II. OTHER SIG		ONS CON	TRIBUTING TO DEATH I	BUT NO	RELATED TO THE TERMS	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS /	AUTOPSY
ž										PERFO	NO-K
PART II, OTHER SIG	S _ 20b D	ESCRIBE H	IOW INJURY OCCURRE	ED (Ente	r nature of injury in Port	L or Port Ji	of item 18.1				110
PRIMARY, Or CONTRIBUT	ING 🗆 📜 🐸 -	3.3		- "J	1	2017 6	2	1	- ' ·	v	
	Month, Day, Year	120J. INJ	URY OCCURRED 20e.	. PLACE	OF INJURY (Home, form,	20f. (City	or lown)	ICo	unty)		(State)
Hour a.m. 4234	10	While	Not while	factory	street, office bldg., etc.))	,		**		(3,0,0)
1	19		of work		7) + <u>C</u>	0+	
21, I certify that I I							nspection []		ry 🛄	, and I	find that
death resulted from	: Natural cau	ıses 🔲,	Accident ∐,	Suicio	le,,,,, Homicide	<u> </u>	ndetermined c	ause _].		
ACTUAL 9	Ma	-1	1 11							04703	-
SIGNATURE	0	4 P21	effer		A.D. CHIEF MEDICAL EX	AMINER [100.00	
EXAMINER'S		30	600		ASSISTANT MEDICA	AL EXAMINE	R 🔲		77	~V*	21
NAME (Type)					DEPUTY MEDICAL E	XAMINER	101C T.	-> " (1	17.	100	1-7
220. BURIAL, CREMATION, 22th REMOVAL (Specify)			C. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote	e)
Burial	lov. 6, 19	761	Loudon Pa	ark	Cemetery		Baltim	ore,		Mo	d.
23. FUNERAL DIRECTOR'S SIGN	ATURE .	4	ADDRESS	. 1		8Y REGIST	RAR 246. REGIS	TRAR'S SI	GNATUE	RE	
Jan 12/ 34	Attack of	1079	With as C.	. 40	DATE	ROV 6	'61	arthur	8 40	1400	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admissyon)
	Baltimore MARYLAND	a. STATE b. COUNTY
) —	b. CITY OR TOWN (1 outside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	write RURAL and give necrest town)	
-	d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp to, g ve street address)	Baltimore d. STREET ADDRESS a. 15 RESIDENCE
	_StJoseph's Nursing Home	23 S. Ann Street
3.	NAME OF First Middle	Last 4. DATE Month Day Yeer
1		LASZEK DEATH November 25, 19 61.
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
	Female White WIDOWED K DIVORCED I	ecember 1,1889 71 vrs.
	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HEN HOUSEWISE -	Poland Poland Poland
	_Saturnina Majka	Magdalena Kmiec
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(1)	es, no, or unkown) (If yes give were references of service) No. 216-07-5416 M.	rs. Sonia Owens, 2912 St. Paul Street
	18. CAUSE OF DEATH Enter only one cause per one for (e), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cular accident ONSET AND DEATH
1	42) DUE TO	
	Conditions, if any, which ? (b) artirionale	The existencosculor of 20 414
	gave rise to immediate cause	
	(a), stelling the underlying DUE TO	
12	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS ALTOPSY
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO 20%. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLA	PERFORMED? YES NO (Enter neture of injury in Pert I or Pert II of .tem 18) (CE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State)
	208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While fee	PERFORMED? YES NO YES NO YES NO YES
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While fee	PERFORMED? YES NO S VES NO S (CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Ory, street, office bldg., etc.)
	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While fee of work at work 2Dc. PL/ While Not While at work 2Dc. PL/ While Not While fee of work at work 2Dc. PL/ While Not While fee of work 2Dc. PL/ While fee of work 2D	PERFORMED? YES NO S (Enter neture of injury in Pert I or Pert II of .tem 18) (CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) ory, street, office bidg., etc.)
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	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 el work at work fec el work at work 20c. Injury Occurred 20c. PL/While Not While fec el work at work 19 el work at work 20c. Injury Occurred 20c. PL/While Not While fec el work at work 19 el work at work 20c. Injury Occurred 20c. PL/While Not While fec el work at work 20c. PL/While el work 20	PERFORMED? YES NO YES N
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not While 19 work at work 19 work 20d. INJURY OCCURRED 20b. PL/While Not While 19 work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.6., and that 22c. PHYSIGIAN 5	PERFORMED? YES NO STAFF ATTENDING PHYS. NO STAFF PHYS. NO STAFF PHYS.
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While Not While Not While Not While el work at work 21. J certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19. 19. 1, and that 22e. SIGNATURE	(Enter neture of injury in Pert I or Pert II of .tem 18) (CE OF INJURY (Home, farm, 2Df. {City or town} (County) (State) (State) (State) (State) (State) (Attending Med. STAFF Phys. Director Phys. 1
MEDICAL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year While Not While Not While el work at work 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19. In and that 22c. SIGNATURE 22c. PHYSICIAN S NAME (Type) James E. Rowe, M.D.	PERFORMED? YES NO YES YES NO YES
MEDICAL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not While Not While of work at work 20d. INJURY OCCURRED while Not While of work at work 20d. INJURY OCCURRED for the fee of work at work 20d. INJURY OCCURRED while Not While of work at work 20d. INJURY OCCURRED while Not While fee of work at work 20d. INJURY OCCURRED while Not While fee of work at work 20d. INJURY OCCURRED while Not While fee of work at work 20d. INJURY OCCURRED while Not While fee of work at work 20d. INJURY OCCURRED while fee of work 20d. INJURY OCCURRED while hot work 20d	(Enter neture of injury in Pert I or Pert II of .tem 18) CCE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.) death occured at, 4M, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. 22b. DATE 5, SNED 22d. ADDRESS 1011 Frederick Rd. Balte. 28, Md. OR CREMATORY 23d. LOCATION CRANGE (County) (Slete)
WEDICAL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not While Not While of work at work 20d. INJURY OCCURRED While Not While of work at work 20d. INJURY OCCURRED While Not While of work at work 20d. INJURY OCCURRED While Not While of work at work 20d. INJURY OCCURRED While Not While of work at work 20d. INJURY OCCURRED While Not While of work 20d. INJURY OCCURRED WHILE NOT WHILE	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) ory, street, office bldg., etc.) death occured at 1.504, from the causes and on the date stated above. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS DIRECTOR PHYS. 1214. Balto. 28, Md.
WEDICAL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While Not While of work at work 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19. 4., and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME TYPE? James E. Rowe, M.D. 3a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Burial 11/28/61 Holy Rosary ADDRESS	(Enter neture of injury in Pert I or Pert II of .tem 18) CCE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) ory, street, office bidg., etc.) death occured at, 6M, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. C22b. DATE SCANED 22d. ADDRESS 1011 Frederick Rd. Balte. 28, Md. OR CREMATORY 23d. LOCATION CANADAR (County) (Stete) Baltimore, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12342

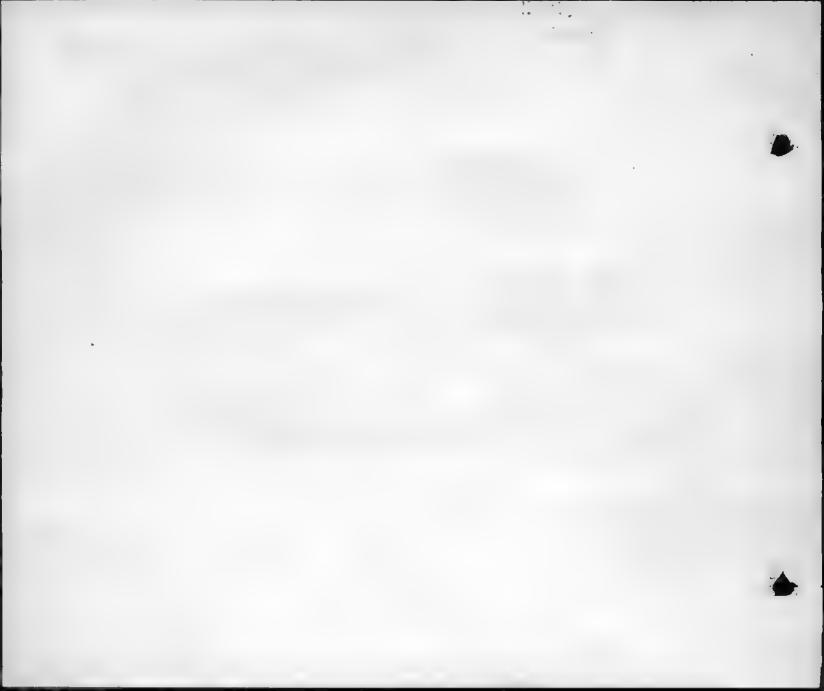
CERTIFICATE OF DEATH

			CERTITIO	AIL OI D		•		Reg. Dift.	BOOK C)
1,	PLACE OF DEATH			2 USUAL RESID	ENCE (Wh	ere deceased live	ed. If institution	n. Residence be	fore admiss	ion)
	o. COUNTY	altimore	MARYLAND	a. STATE	aryla	nd	b. COUNTY	Balti	more	
	RURAL and give no		c. LENGTH OF STAY IN 16	1 1/		ulside corporate	limits, write RU	RAL and give n	learest town)
	Dundal d NAME OF HOSPIT	IC [AL (If not in hospital, give stree	N melderes	-	undall	K	<u> </u>		10.055	051155
	OR INSTITUTION		ii Oddressj	d. STREET AL						FARM?
_		Dunleer Road		30	026_D	unleer E	Road		YES	NO T
3.	NAME OF DECEASED (Type or print)	JOSEPHIN	Middle E	Last MALY		4. DATE OF DEATH NO	Mon# Ovember	29.	/	rear 19 61
5.	SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B DATE OF BIRTH		9. A	GE (In years	F UNDER 1 YEA	AR IF UNDE	R 24 HRS
F	emale		WED DIVORCED	July 4,	1892	[E	ost birthdoy) 69 yrs	Months Doys	Hours	Min
	during most of work At Home	ON (Give kind of work done 10) king life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA			у)	12. CITIZEN		OUNTRY?
-	FATHER'S NAME			14. MOTHER'S				1 0.13	y AL o	
	John Hr	uz		?		* *****				
15.		R IN U. S. ARMED FORCES? 14	5. SOCIAL SECURITY NO.	INFORMANT			Addre	ıss		
1	No.	(it yes, give will or norm in service)	M	rs. Agnes	Kope	cni. 302	26 Dunle	er Road	d-22	
	18. CAUSE OF DEA	ATH (Enter only one couse per		. 1		1		İIN	TERVAL BE	TWEEN
		TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Caronany_ T	The teris	(T	F1. 10		101	NSET AND	DEATH
	420.0	DUE TO	1	TONTRANCE	7	AUAL)			J HIWL	1-37/26
	Conditions, if o	Total Control of the	to a la	bear his	2000)			4 100	and
	gave rise to in	mmediote (MILERIAN I	MANO COM	XQJIV)	<u></u>			1	الافتاران
	lying couse lost.	The Under-								
z		J (c) IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMIN	NAL DISEASE CO	ND TION GIVE	N IN PART 1(a)	19. WAS /	AUTOPSY
ICATION								, , , , , , , , , , , , , , , , , , , ,	PERFO	RMED?
CERTIF	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [206. DE CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURR	ED (Enter nature of	injury in P	art I or Port II o	f item 18.)			
₹	20c. TIME OF INJUR	Y Manth, Doy, Yeor 20d.	INJURY OCCURRED 20e. F	LACE OF INJURY (H	ome, farm,	20f. (City or t	ows)	(County	у)	(Stote)
MEDI	Hour o.m.	19 While of we	C 1401 WILLIE	octory, street, office	bidg., etc.)					
		at I attended the decea	red from	10 60	ta 6)	men 121/2	9 10//	hat I last so		
	alive an N	merales 29 10	11	h accurred at.		M, fram the	25-1 17-01C 11	lan the de	to stated	eceuseo
	7	71	, und massed	ii accorred at	A	DDRESS (Street	city or town, si	tate)	DAT	E SIGNED
	ACTUAL SIGNATURE	Hansley ?	Eller Bra	M.D 290	a Du	NRAN R	D	,	121	1161
			1	_110.00110.00			ι Λ			1-67
_	PHYSICIAN'S NAME (Type)	STANLEY Z. FO	sentero M.O.	Batt	11100	22, M	12-4/27/4			
22	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d LOCATION	(City Iown, ar	county)	(Stote	o)
]	Burial (Specify)	12/2/61	Holy Redeeme	er Cemeter	У	Baltimo	re, Md.			
	FUNERAL DIRECTOR		ADDRESS		24a. REC'D	BY REGISTRAR		TRAR'S SIGNAT	URE	
(Jirich Fu	neral Home Dund	malk, Md.		DATE DE	C 6 '61	Car	Chur S. He	ALLO	

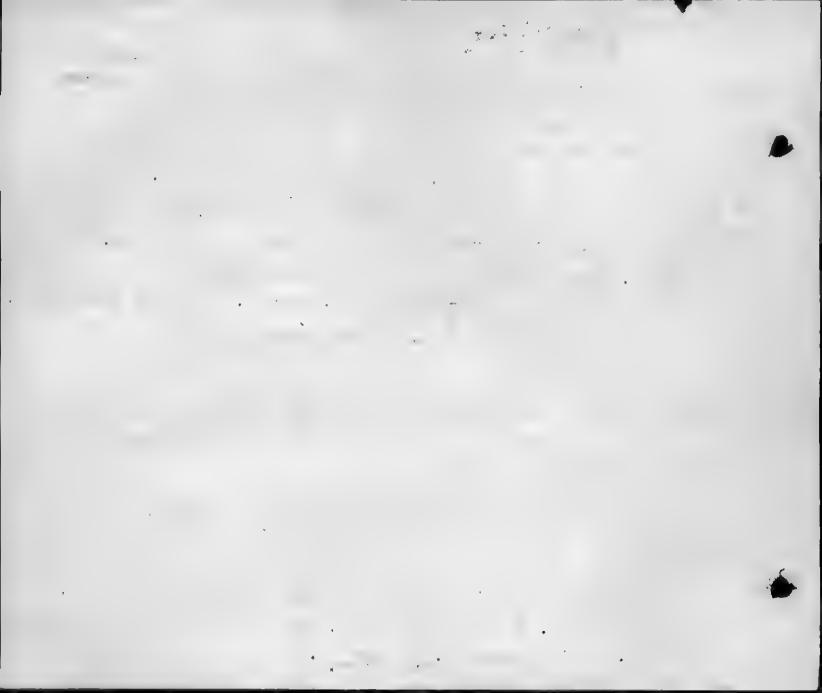
ofter death. Page 4 in by the funeral directar, and 2 should be filed with OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho. may be read by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITA

VS A15 (4) 15M 9/SB

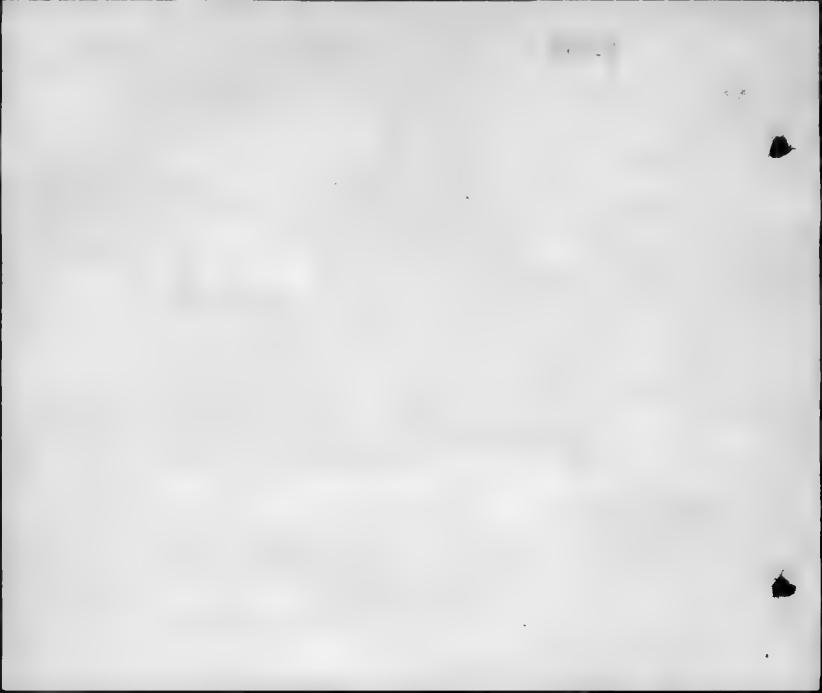


MARYLAND STATE DEPARTMENT OF HEALTH fistical research and recor PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH G 502 1:/14/61 pine 2. USUAL RESIDENCE (Where decessed I vad, It institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 60 years Towson 2 Towson ęg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 80h Kingston Road 804 Kingston Road YES NO IN 3. NAME OF Year M ddle DECEASED 24 19 61 Nov. MARKEL (Type or print) DEATH EDGA R 89 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. 1890/ pue ast birthday) Months: Days Hours WIDOWED [DIVORCED Mal e physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Accounting Pennsvlvania Accountant (Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Kerr John H. Markel 16, SOC A ECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER N U.S. ARMED FORCES? Address Mrs. Alice E. Markel 804 Kingston Rd. (Yas, no, or unkown) (If yos g va war or dates of sarvica) 2848 No 18. CAUSE OF DEATH [Enter only one cause per line for (. (b), and (c). INTERVAL BETWEEN Thrombosis) ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which been gave rise to immediate causa DUE TO (a), stating the underlying has causa Jast. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY hospital PERFORMED? \$ Q NO F 20b. DESCRIBE HOW INJURY OCCURED, [Enter natura of injury in Part I or Part II of itam 18.) the may be retained by the DIRECTOR: After this 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) Not While Whila Hour s.m. at work at work 21. I certify that (I) (this bospital) attended the deceased from line 20 saw the deceased alive on. 22b. DATE 22a. S.GNAZURI ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS NAME (Type) 6805 York Road, Dr. Laurence C. Baltimore 12, Md. 123d. LOCATION (City, town or county) 1 236. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) のきる Moreland Mem'l. Park Baltimore County, Maryland Burial 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Co.4905 York Rd a DATNOV 2 8 '61 & Sons Jenkins 15M 9/60 Emma d. Throws



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) e. COUNTY MERVILEND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate banils, write BURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, glys street address) STREET ADDRESS B. IS RESIDENCE ON A FARM? YES NO 3. NAME OF M ddle DATE DECEASED (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In years LE UNDER 1 YEAR iast_birthday) Hours USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? during most of Working ; fe, even if retired; 13. FATHER'S NAME please ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) | (Ifyes give war or dates of septice 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c).] QNSET AND DEATH PART .. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 19. WAS AUTOPSY 20e ACCIDENT WAS UNDER-YING 1 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Part of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p m. ., and that death occured at I. I.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a, S GNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a, BURIAL, CREMATION, 5 g G g g REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) & since & Thomas

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. New 13 director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before confusion) a. STATE New YORK b. COUNTY Fled o. COUNTY Raltimere MARYLAND after death: Funeral b. CITY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) should Mt. Kisco d. NAME OF HOSPITAL (15 not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Oregon Read Towson Convalescent Home puo NAME OF First Middle Last 4. DATE Filled DECEASED MARTIN November Am EMMA R. (Type or print) within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS rigg birthdoy) Months March 13, 1883 White Eamale WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) during most of working life, even if refired) Own Home New York and corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Julia Calaghan John F. Dennerlain 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. None Mrs. Gertmude A. Devis, 66 Cedar Ave. Towsen, Md. None attending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (s). 늅 FART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ፉ permit. Conditions, if any, which gove rise to immediate **DUE TO** cause (a), staling the underlying cause lost **burial-transit** PART SE. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour a. j. factory, street, affice bldg., etc.) While Not while at wark 🔲 at work p. m. 21. I certify that Lattended the deceased fram 19 6 Lithat I last saw the deceased be detached and that death accurred at 10 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior

22c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

Towson, Mary Tand

requires that should registrar m 0

VS A15 (4) 15M 9/55

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE John Burns Sons,

REMOVAL (Specify)
Burial/Translt Nov.4,1961

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Cirimum & Missea

22d. LOCATION (City, town, or county)

Woodlawn, New York

e. IS RESIDENCE ON A FARMZ

YES NO

10

Doys

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

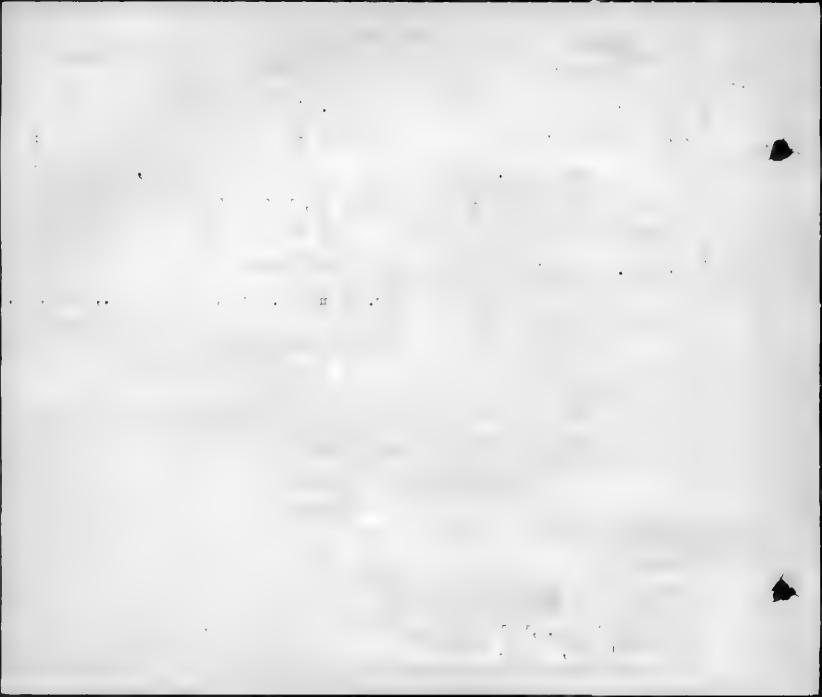
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YES NO D

(Stote)

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SPIT CT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how other death. Page 4	be read by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the otten in a plysicion and completely filled in by the funeral director,	3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 should be filed with	-
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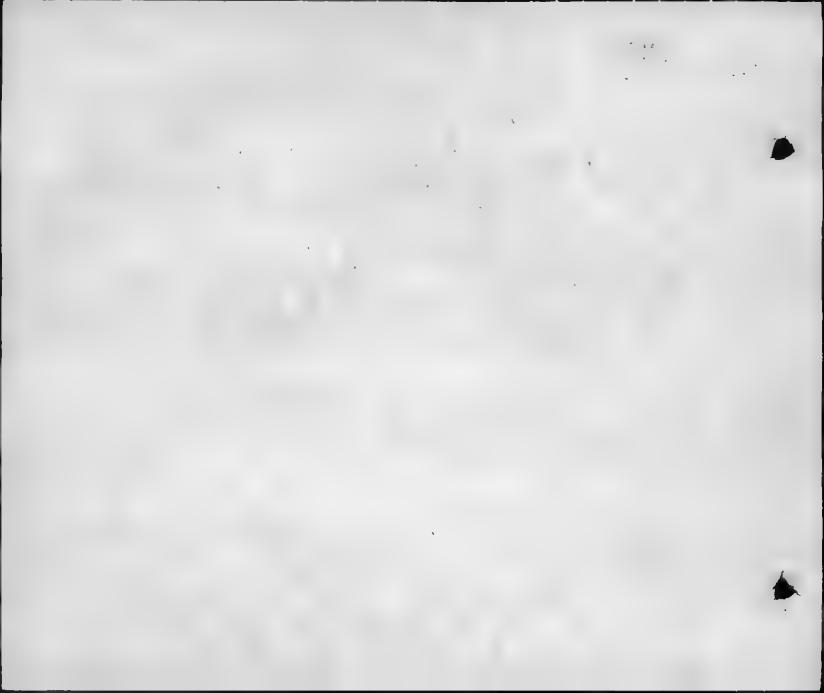
Į		12	346		CERTII	FICA	TE OF DEATH	1		Reg. D	igt _e Nos	201	>
1		PLACE OF DEATH a, COUNTY					2. USUAL RESIDENCE (Whe	ere decease		an: Residé	nce bela	re odmiss	Ton)
		a. COONT	Baltimore	9	MARYL	AND	o. STATE Mary	rl and	b. COUNTY	Bal	time	re	
Ì	- 1	b. CITY OR TOWN (II RURAL and give ne	f autside corporate limi	its, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (If at	utside carpo	orale limits, write R	URAL and	give nec	rest tawr	1}
			ite Marsh		35 Year	s	X White Mars	sh					
			AL (If not in hospital, s	jive street			d. STREET ADDRESS					e. IS RES	IDENCE FARM?
		OK 1143111011014	Box 383	Phi	la. Rd.		Box 383 I	Phila.	. Rd				NO-E
	3	NAME OF	Fu	st	Middle		last	4. DATE	Man	Ih	Do	у	Year
1		DECEASED (Type or print)	Harry			Mats	schulat	DEATH	1	1	2	2	1961
Ì	5 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years				ER 24 HRS
		Male	White	WIDOW	ED DIVORCED		5-14-1898		last birthday)	Manths	Days	Haurs	Min
Ì	10a	USUAL OCCUPATIO	N (Give kind of work-	dane 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (State of	ar fareign c	country)	12.CI	IZENO	WHAT	OUNTRY
		170-	nbing	*	Selfempl	ove	Germany			τ	IS A	4	
	13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
			Unknown				Bertha	a Unkr	nown				
4	15. (Yes		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	HN	FORMANT		Addi	ess			
		No			229-09-5821		Mrs Margaret	Matso	hulat Bo	x_383	-Phi	la_F	?d
ı		18. CAUSE OF DEA	TH [Enter anly ane co	use per li	ne far (a), (b), and (c).]			1		ار الدائية التاريخا	INTE	RVAL 8E	TWEEN
		PART I. DEA	TH WAS CAUSED 8Y:	3	Henn	hi	1- Col.	Kun	~ ·		UNS	EL AND	DEAIR
		156.1	DUE TO				/ //	`					
		Canditions, if ar	ry, which) (b	1	CA	0	7 121	6					
		gave rise to in cause (a), stating t	nmediate (•		4,7							
1		lying cause last.	(0)									
	ON N	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIV	EN IN PA	RF 1(a) 1	9. WAS	AUTOPSY
	Z											YES 🔲	
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING TO	20b DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of injury in P	art I ar Par	rt II af item 18.)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
-	MEDICAL	20c. TIME OF INJURY	f Month, Day, Ye			20e PLA	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City	y ar town)		(County)		(State
- [ME	p. m.	19	While at war			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
- 1		21. I certify the	at I attended the	deceas	sed fram 17 -	ጉ ~	, 196/, 10	11:	- 2-, 19/2/,	that I le	ast sav	v the d	lece ase
1		alive an	11.2	19	6 / and that	death	accurred at S A	M. fram	the causes an				
		100	, , , , , , , , , , , , , , , , , , , ,	7	*		A	DDRESS (S	treet, city ar tawn,	state)		DAT	TE SIGNE
		ACTUAL SIGNATURE	1 Yum	1,	winder	A	A.D. 82	1200	- Miz.	. + >		A W.	"/
			4		/								
		PHYSICIAN'S NAME (Type)	. K . A.B	1	2 1/11	EL	y		and the contract of the contra	AR AR AL 14			
	2 20	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCA	TION (City, tawn, a	or county)		(Stat	le)
		REMOVAL (Specify)	11-4-19	61	Gardens	of F	aith Cemeter	Bal	timore	M	aryl	and	
	23.	FUNERAL DIRECTOR'S			ADDRESS		24a, REC'D						
	Z	assalnite	mot laren	. 74	al Belain	Roal	DATE N	QV 7	'61 C	luthur.	J. 724	J. J. J. J.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH i. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If partitation: Residence before edm ssion) a. COUNTY b. COUNTY & MARYLAND LENGTH OF STAY IN 16 c. CITY uside corporate limits, write RURAL end give nearest town) . IS RESIDENCE hospitel, give street eddress ON A FARM? YES TO NO DE 3. NAME OF DECEASED OF (Type or print) DEAT 19 S. SEX 6. COLOR OR RAC IF LNDER I YEAR TE UNDER 24 HRS. DATE 7. MARRIED NEVER MARRIED [Months Days Hours WIDOWED DIVORCED physician 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Š please attending 1 16. SOCIAL SECURITY NO. inkown) | (If yes give war or dates of service the 18. CAUSE OF DEATH linter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 208, ACCIDENT WAS UNDERLYING LACE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home farm ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (Slete) factory, street, office bldg., etc.) Not While Whila Hour a.m. et work et work n.m to. 1/0 / 13 19/2 / that (1) (we) last 21. | certify that (i) (this hospital) attended the deceased from...... ...19.6.... and that death occured at 130M. from the causes and on the date stated above. saw the deceased alive on.... DATE 22a SIGNATURE DIRECTOR PHYS. M.D PHYS. director, page to TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] LOCATION (City town or county) BURIAL, CREMATION, CEMETERY OR CREMAFORY (State) . 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) Crithun S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH FATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed I vad, If institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince George MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town! Takoma Park Owings Vills I month 3. month 3 da. d STREET ADDRESS e. IS RESIDENCE ON A FARM? 951 West Highway YES NO X Rosewood State 4. DATE Year DECEASED OF DEATH (Typa or print) 61 19 Howell | McConnell John 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) Months WIDOWED [DIVORCED '60 Male White 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stet , or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UlS.A. Washington, D.C. dependent
13. FATHER'S NAME none 14. MOTHER'S MAIDEN NAME Theresa Gallager McConnell Howell A. McConnel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((fixes give we condetes of service) Rosewood Records, Owings Mills, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY hours IMMEDIATE CAUSE (a) **DUE TO** hours Conditions, it env. willich gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO 19. WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING TI + 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Itam 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., atc.) While Not While et work 22b. DATE 22a. SIGNATURE ATTENDING MED. PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Butler, M.D. Rosewood Lane, Owings Mills, Md. 238 BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY KUSLA 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRE! 24 FUNERAL DIRECTOR'S SIGNATUR DATE NOV 6

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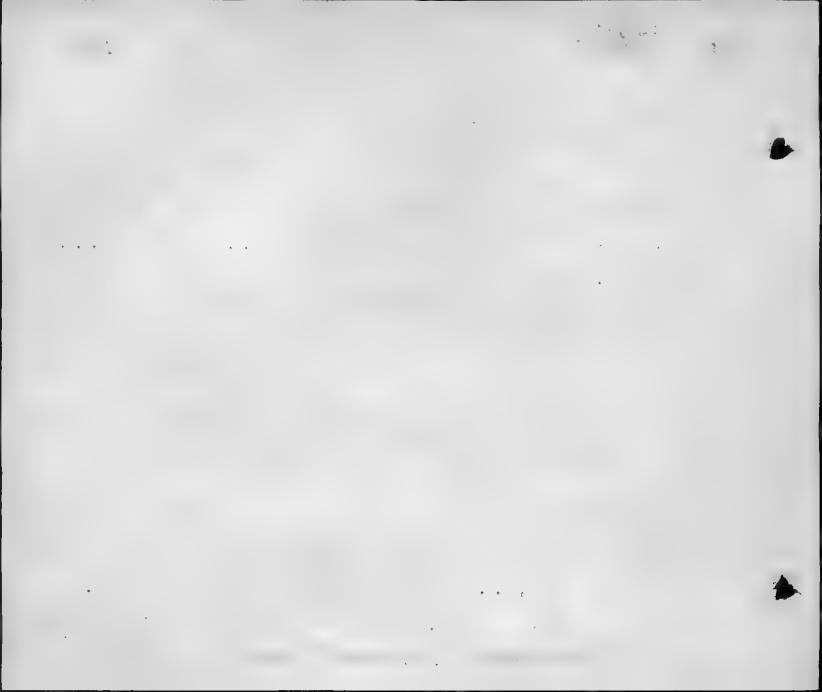
15M 9/60

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ond 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be set by the hasp,tal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to page 3 should be distached for use as the burial transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs gater deeth.

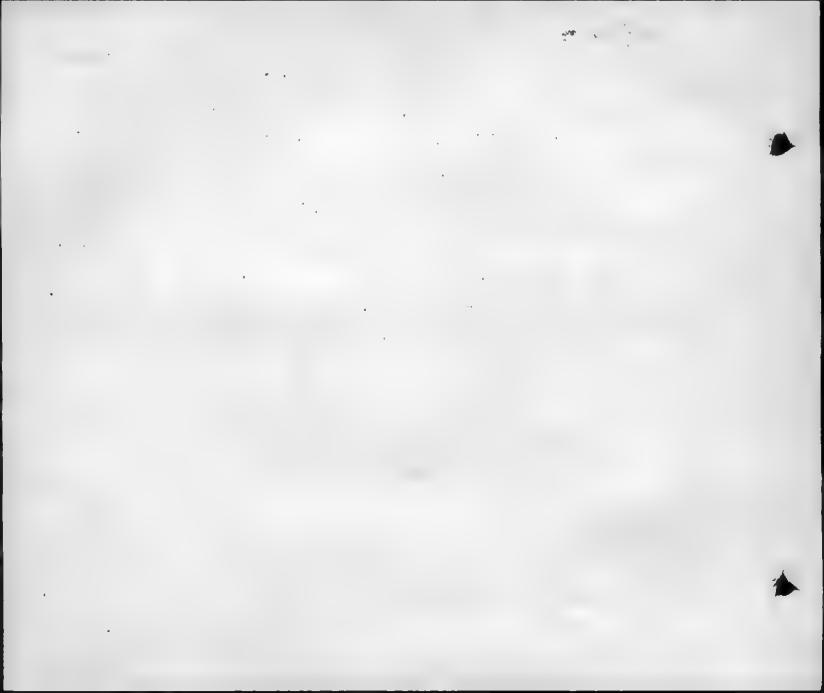
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after death Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	o. COUNTY Ba	ltimore		MARY	1.1	o STATE	eryla:	_	lived. If institute b. COUNTY		time		fdn) ^y
	RURAL and give no	outside corporate limi grest tawn) tt City	is, write	E LENGTH OF STAY		c CITY OR T		utside corpor	ote limits, write f	RAL ond g	jive nea	rest town)
	The Section Section	AL (If not in hospital, g				d. STREET A	DDRESS		rick Road	đ			FARM?
3.	NAME OF DECEASED	Fir		Middle		Lasi	1	4. DATE OF	Moi		Day	,	Year
L	(Type or print)		-	ert McCull	-			DEATH		Nov.			19 61
S.	SEX			IED 🖾 NEVER MARRIE		DATE OF BIRTH	1		9 AGE (In years last birthday)	Months	Doys	Hours	Min
Ŀ	Male	White	WIDOWE			May 31,			84 yrs	11-55			
10	during most of work Mille	IN (Give kind of work of ing life, even if retired) T	dane 10b	kind of Business o lour mill	R INDUSTR		ACE (State of Marvl:		untry	12.011	U. S		COUNTRY
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L		James McC	illou	gh			Mar	y E. H	Hepting				
	. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, INFC	RMANT				Cott	Cit	v. M	d.
,	No	ii yez, gere eus in unies ur s		16-01-4307	Mrs	Marth	a McC	ulloue	h 118 F		- 4		-
Г	18. CAUSE OF DEA	TH [Enter anly one co										RVAL BE	TWEEN
ı	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a	.	CEREB	RA	r 44	EMO	151517	AGE		L		110
	1443	DUE TO		\	_		_						
L	Conditions, if a)	ATH	()	271	<u>ノ</u>				1	0	1 12 3
	gove rise to it	nmediate (
	lying cause lost.	(c)										
NOITA	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUT NO	ot related to	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 35	PERFC	AUTOPSY RMED?
CERTIFICATION	20s. ACCIDENT WA	S JNDERLYING CAUSE OF DEATH	206 DESC	TRIBE HOW INJURY OF	CCURRED.	(Enter noture o	f injury in P	ort I or Port	II of item 18)		1_		
		MEDICAL EXAMINER)											
MEDICAL	Hour o.m.	Y Month, Day, Ye 19	20d. IN While at work	Not while	factar	E OF INJURY (I ry, street, affice	Home, form, bldg., etc.	20f, (City	or town)	{<	County)		(Stote)
`		t (I) (this haspital	\ attend	ed the decensed	from	1957	10	ta	11-23	19 (ol th	at (i) (wel last
	saw the deceas	ed alive an 1	-16	19 6/ , and	that dec	oth accurred	08 7	M, fram	the causes a	nd on the	e date	stated	dabave.
	22a. SIGNATURE	etu V. H.	orfe		м:	ATTENDING PHYS	G ME	ED RECTOR	STAFF PHYS			22 - マラ	SIGNED
	22c PHYSICIAN'S NAME (Type)	Peter Va	an B.	Thorpe M. 1	D.	22d. ADDRE		umbia	Pike El	Licott	Cit	ty,	Md.
2	3a BURIAL, CREMATIO	N, 235 DATE THEREC	F	23c NAME OF CEM	ETERY OR	CREMATORY		23d LOCAT	TON (City town	or county)		(Stat	te)
	REMOVAL (Specify)	11/27/19		Good S	henhe	rd		E11	Licott C:	ity. M	Id.		
2	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	-		1	BY REGIST		ISTRAR'S SIG			
4	Easton!	Functal	2/00	re Catons	ville	, Md.	DATE NO	V 2 7 '6	1 U.	rilwa S.	Than	A	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

12336

23d LOCATION (City, town, or county)

25a. REC'D BY REGISTRAR

Baltimore, Md

256, REGISTRAR'S SIGNATURE

arthur S. Hrank

(State)

Libery the funeral director, and 2 should be filed with

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

1.	2330	CERTIFI	CA.	TE OF DEATH					
, PLACE OF DEATH				2. USUAL RESIDENCE (Whe	ere deceose		on: Residence	before a	admission)
	Baltimore	MARYL	AND	o. STATE Maryla	nd	b. COUNTY	Balt	imore	Э
b. CITY OR TOWN RURAL and give	(If autside carporate limits, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If at	tside corpo	orate limits, write R	URAL ond giv	e nearest	fown)
	cott City	59 yrs.		X E1	licot	t City			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street	oddress)		d. STREET ADDRESS	7.0				S RESIDENCE ON A FARM?
OR WASHINGTON	24 Westcheste	r Avenue		24 Westc	heste	r Avenue			ES NO
NAME OF DECEASED	First	Middle		Last	4. DATE	Moni	th	Doy	Year
(Type or print)	MARGARET	HILDA		McGUIRK	DEATH		Nov	. 2.	1961
SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS
Female	White WIDOW	ED DIVORCED		Oct. 28, 190	2	59 yrs	Months D	ays H	lours Min.
0a. USUAL OCCUPAT	FION (Give kind of work done 10b	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (State of	r foreign c	country)	12. CITIZE	N OF WI	HAT COUNTRY?
House		Own home		Marvl	and		TI.	S	Δ
3. FATHER'S NAME			,	14. MOTHER'S MAIDEN N.	AME				
	James Laffert	7			Marth	a Lilly			
5. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT		Addr	essEllic	cott	City, Mc
No	(ii) yes, give wor or define di zerrice)	None	Mi	ss Mary E. Ia	ffert				
18 CAUSE OF D	EATH [Enter only and couse per li	ne for (a), (b), and (c)]				1			AL BETWEEN AND DEATH
PART I, DI	EATH WAS CAUSED BY:	Mastele	0	ncentra	Col	er.		CINSEI	18 41
155.			-Ca-C	1					
Conditions, if	any, which } (b)								
gave rise to cause (a), statin	immediate Dur TO								
lying couse las									
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH_BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	P	PERFORMED?
5	Ton one	EDIDE MANAGEMENT						YE	ES NO
OR CONTRIBUTION	VAS UNDERLYING 20b DES IG CAUSE OF DEATH FY MEDICAL EXAMINER)	CKIRE HOW INJURY OC	CURRED	(Enter nature of injury in P	off t or Por	rf II or item 18 j			
20c. TIME OF INJU				CE OF INJURY (Home, form, tary, street, office bldg., etc.)		y Or town)	(Ca	unity)	(Stote)
Hour a, m	10		1506	any, sirect, critica crug., etc.,	1				
21. I certify th	nat (1) (this haspital) otten	ded the deceosed f	rom	6-18 19	59.10	11-2	19/0/	, that/	(I))(we) last
sow the dece	osed alive on 10-31	19 <i>64</i> , and t	hat d	eoth occurred of	M, from	the couses on	,	•	· ·
220 SIGNATURE	ma 9 26	hert		ATTENDING ME	D _	STAFF		/	226 DATE SIGNED
1	Circle C. Com		,	A D. PHYS DIE	RECTOR [_]	PHYS 🔛		- (1	7709

Thomas F. Herbert, M.D

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
6 USTON FEMILE STORE Catonsville, Md. DATE NOV 6

23c NAME OF CEMETERY OR CREMATORY

Baltimore National

23a BUR.AL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify)
Burial 11/6/1961

may be research by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 are the Stale Baard of Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITA VR A15 (4) 15M 9/59



TREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEA Item 14 Film G302 USUAL RESIDENCE (Where deceased lived, if institution; Residence PLACE OF DEATH before edmission a. COUNTY MARYLAND CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED (Type or print) DEATH IF UNDER 24 HRS last birthday) Months. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PART I. DEATH WAS CAUSED BY: on all AMMEDIATE CAUSE (a) Cononary veixu gave rise to immediate couse **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS ALTOPSY PERFORMED? NO I 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of neury in Part I or Pert It of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 19.56, to North 2 / 19.6/., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on.... The 220 SKINATURE ATTENDING DIRECTOR PHYS. PHYS. ALUO = 22c. PHYSICIAN'S 22d. ADDRESS LOCATION (City, town or county (State NAME OF CEMETERY OR CREMATORY MASSOLEUNI NOODLA 258, REC'D BY REGISTRAR | 255, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS a court of Thomas

and (

physician

TO FUNERAL director, page

VR A15 (4)

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6		12353 DIVISION OF STATISTICAL RESEARCH A	DEPARIMENT OF MEALIH IND RECORDS — BALTIMORE 1, MARYLAND				
1	1	nt. Wilsen St. Har CERTIFICA	TE OF DEATH 12338				
4		PLACE OF DEATH COUNTY Baltimore County MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE M-ryland b COUNTY				
	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) It. Wilson, Maryland	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimure, Mary Land				
		d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS 509 Rosseter .ve.				
	3. 1	NAME OF DECEASED (Type or print) Hanny Frase/	Lost 4. DATE Month Day Year OF				
	5. \$		B DATE OF BIRTH 8. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min Wrs. Min M				
	10a.	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUduring man of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltinzone 2				
T	13.	FATHER'S NAME Charles Meisen	14. MOTHER'S MAIDEN NAME / Papst.				
٧		, no, or unknown) (If yes, give wer or delet of service)	NFORMANT Address Spital Records, Mt. Wilson State Hospital				
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b)					
0	CATION	A rest other significant conditions contributing to death by	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO				
	CERTIFICATIO	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injuty in Port 1 or Part II of item 1B.)				
	MEDICAL		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)				
		21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1/-13 1961, and that	death accurred at 2M, from the causes and an the date stated above				
		220 SIGNATURE AMUNTAMEN	ATTENDING MED. STAFF SIGNED PHYS DIRECTOR X PHYS D				
1		Milliam Newcomer, M.D., Superintendent	22d. ADDRESS Mt. Wilson State Hospital, Mt. Wilson, Md				
	230	BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)				
Sich	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				
1151		John A. Moran 3000 E. Baltimore S.	t. Balto. DATE HOV 1 6 '61 Circles S. Kraus				

s offer death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours; after death. Page 4, may be the his particle or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remavol, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edgiss on) . COUNTY Baltimore y is necessary, I director, Page les. a. STATE COUNTY MARYLAND Md. b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest fown! Halethorpe
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Baltimore d. STREET ADDRESS Woods, Benson and Knecht Avenues retained ne State B 2400 N. Charles St. 3. NAME OF 4. DATE Found Middle DECEASED OF the (Type or print) William Melia Jr. DEATH Emmet November 8. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) | Months | Days DIVORCED July 17, 1922 WIDOWED [39 Male White S TO E 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Laborer Various Baltimore. Md. MA3. Wallin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William & Melia. Sr. Helen M Schmidt form 15. WAS DECEASED EVER NU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) i (If yes give we ror detes of service) with Yes John V W. Melia 2400 N. Charles St. Office along w burial-transit pe 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: office alon IMMEDIATE CAUSE (a) Gunshot wound of head should be s a burial-tr DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO SE (e), steting the underlying Examinim used a couse lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION e. witing the mord in Chief Medical E Page 3 should be r to burial, cremat MEDICAL EXAMINER: This 208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I of Jem 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) December of the certificate, re-demmediate forwarded to the C FUNERAL DIRECTOR: Par Comment of the comment of the C While Not While Hour are et work et work Found - Woods Halethorpe Co. 6: 30p.m. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry death resulted from: Natural causes Accident Suicide -Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** HOWARD G. SHAUB, M.D. Addre NAME (Type) Address (Street, city, town, or county) DE 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) Burial (Specify) ₽40 g Nov. 20, 1961 Baltimore Natl Baltimore, Md. 23. FUNERAL DIRECTOR ADDRESS 24e REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Wm. Cook, Inc. 1217 St. Paul St. 5M 9,60 DATE #04 2 0 61 Orthon & Kind

e. IS RESIDENCE ON A FARM?

YES NO

19 61

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

Balto.

NO Te

(Steta)

and in my opinion

DATE SIGNED

(Stele)

1 12. CITIZEN OF WHAT COUNTRY?



AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a. COUNTY PIEGO files. a. STATE **b.** COUNTY Baltimore MARYLAND Maryland in pencil in Item 18. Give Pages 12, and 3 to the functal dimeter. In the pencil in Item 18. Give Pages 12, and 3 to the functal dimeter. Office along with form PM3. Page 5 may be retained for your fill burial-transit permit. File pages 1 and 2 with the State Board of His movel, and in any event within 72 hours after death b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL end give neerest town) Baltimore Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? 831 Brunswick Road 3909 Northern Parkway YES NO. 3. NAME OF 4. DATE Middle DECEASED OF Sallie Meredith (Type or print) DEATH 196] 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR JE UNDER 24 HRS. lest bythdey) Months Hours Female Davs Min. WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balto Co Perry Hall S Housewife Mousewife 14 MOTHER'S MAIDEN NAME 13. EATHER'S NAME Ella Gambrill William Billingsley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT Address (Yes. no. or unkown) ! (If yes give wer or detas of service) 931 Renfrew Road Mrs Ruth Uhl None 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which gave rise to immediate cause 10 DUE TO \$1 (0) (a), sletting the underlying pesn PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTORSY CERTIFICATION PERFORMED? 2 cremat NO V Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | lease execute the certificate, writing th CAUSE OF DEATH. m 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) (Stata) 909 fectory, street, office bldg., etc.) 0 While Not While should be forwarded to the FUNERAL DIRECTOR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Accident . Suicide Homicide Undetermined manner death resulted from. Natural causes 2/. CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) Address (Street, city, town, or county) DEF 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stata) REMOVAL (Spacify) 0 Parkwood Cemetery ত্র, স্ব Baltimore Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME NOV 7 Circhay S. France 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission, a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete imits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURA! Catonsvalle 3vrlmth18dvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Spring Grove State Hospital Masonic Home 2010 white ave. 3. NAME OF 4. DATE DECEASED OF Miller Florence E. November (Type or print) DEATH 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers HE JNDER 1 YEAR last birthday) | Months | Days WIDOWED A DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Saleslady & Hostess Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Stengle Louis Spies 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detes of service) Spring Grove State Hospital Records: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardiovascular disease Conditions, if eny, which gave rise to immediate cause DUE TO (a), steling the underlying Generalized arteriosclerosis PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19, WAS AUTOPSY 205. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert | or Pert || of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. P.ACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While Hour a.m. et work at work 22a, SIGNATURE ATTENDING Sella Wadisler

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

DIRECTOR

o i i VR A15 (4). 15M 9/60

22c. PHYSICIAN'S

NAME (Type)

238. BURIAL, CREMATION, 236. DATE THEREOF

and cor

remove physician

plea

ding

affen

certificate ha

DIRECTOR:

11-16-61 Loudon Park Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Paul Street, Zone 2

Stella Wachsler, L. D.

Baltimore 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chilling & Kinua DANOV 1 7 '61

Spring Grove State Hospital

PHYS.

23d. LOCATION (City, lown or county)

Catonsville, Maryland

dive nearest town)

Day

U.S.

11-14-61

a. IS RESIDENC ON A FARM?

YES NO

IF UNDER 24 HRS.

14 19 61

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stete)

SIGNED



ely led in by the funeral rs. lages I and 2 should hours after death. Phin 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers.

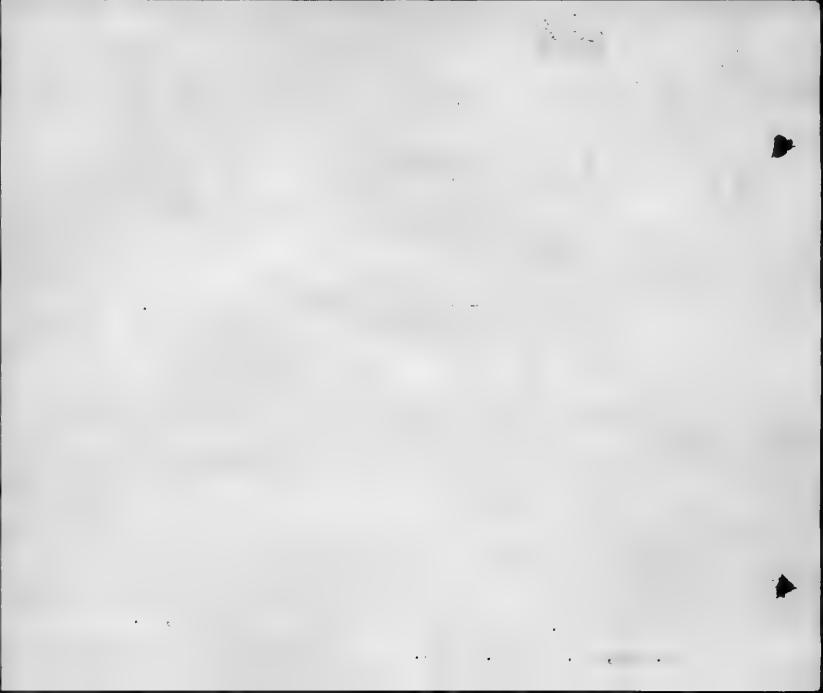
be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

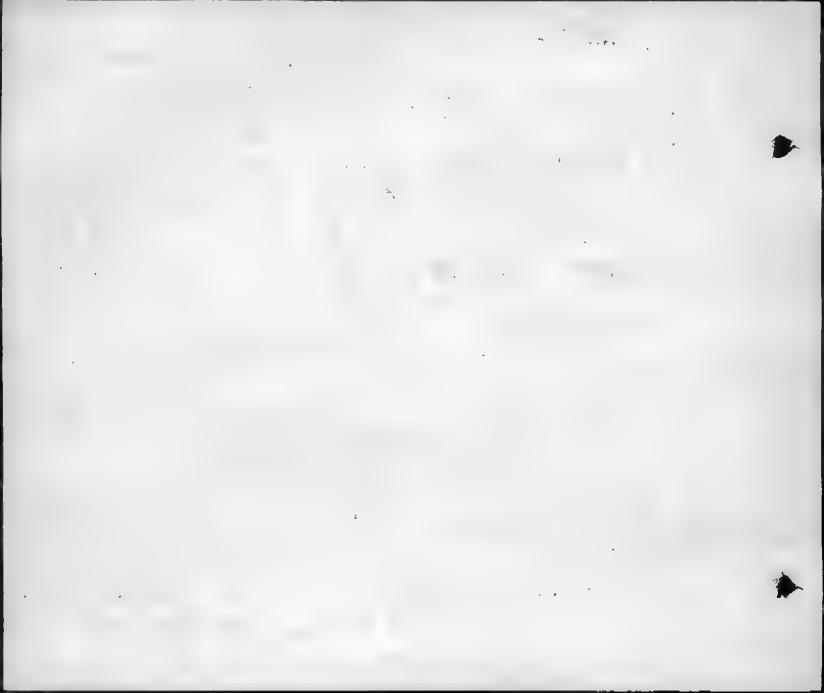
a	12.555	CERTIFICATION D		12349	
Л	1. PLACE OF DEATH	2. USUAL	RESIDENCE (Where deceased in		before edmission)
	Baltimore	MARYLAND 0. STATE	laruland	COUNTY BOIL	mne
	b. CITY OR TOWN (if outs de corporete limits,		OR TOWN (If outside corporate limit	its, write RURAL and give ne	nerest town)
	white RURAL and give neerest jown)	16 MO. 1. R	elsterstown	7	
	d. MANE OF HOSPITAL OR INSTITUTION (if not in hosp	itel, give street address) d. STREE	TADDRESS		. IS RESIDENCE
	Fralaigh Nouse	ma Hanna 1 21	14 D1. W+	PI	ON A FARM?
	3. NAME OF	Middle Lest	T DeligiII-	Month Dev	Year Year
	DECEASED (Type or print)	AA DA 1	OF DEATH	11101	/ /
	- NECL	DATE OF BU	RTH , 9. AGE (II	n yeers LIF UNDER I YEAR	IF UNDER 24 HRS.
	AA /	NEVER MARKIED	10-78		Hours Min.
	10e. USJAL OCCUPATION (Give kind of work 10b. K)		1810187	yrs 12 CITIZEN OF	WHAT COUNTRY!
	done during most of working life, even if retired)		LACE (County & State, or foreign of	ounity) 12. CHIZEN OF	WHAT COUNTRY
		wsp: r Oni			
	13. FATHER'S NAME	1	R'S MAIDEN NAME		
	Unia own		Un'crewn		
	(Yes, no. or unknown) 1 (If yes give werpr detes of service)	SOCIAL SECURITY NO. 17. INFORMANT		Address	
		2-03-0331 Bertie h	ighes 214 Peli	- property	re.en ma :
	18. CAUSE OF DEATH [Enter only one couse per].	ne for (e), (b), end (c)	1-1 0/		RVALBETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	gestive Heart o	Failer - CK	rosus 1	8 moules
	260X DUE TO G-	1 1	1 - 1		. 1
	Conditions, if any, which (b)	ervosclervous -	- generalized		gears
	geve rise to immediate ceuse (e), steting the underlying DUE TO	- 1 1 SA 11 1	11	1	1
1	cause lest. (c)	alietes Millel	les		
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION	ON GIVEN IN PART 1(a) 19	WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CON DECLIFICATION OF THE PART OF THE PA			Y	ES NO DA
	200. ACCIDENT WAS UNDERLYING 20b. DEST	CRIBE HOW INJURY OCCURED. (Enter neture	of injury in Part I or Part II of item I	18.)	-
		f 1	(Home, ferm, 20f. (City or town,	(County)	(Stele)
	Hour e.m. While	THOU WILLIAM	2	Λ .	
	21. I certify that (I) (this hospital) attend	led the deceased from	- 1960 10/Wen	1962/ 1962/ 1h	iat (l) (we) last
	· V/ //		ured a 4.40 M, from the ca		
	2290 SIGNATURE ON COL	14		C1	22b. DATE
1	Whrence & II Will	M.D. ATTEND	DIRECTOR PHYS.		21.1961
1	22c. PHYSICIAN'S NAME (Type)	22d. AC	DDRESS - A +	PIVI	-/8/1
	HOME (19pe)		T Kerallistown	59. Cerseral	herman ling land
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATO		City, town or county)	(Slete)
	Burial May. 24, 1961	Druid Ridge	Baltimo	L. S. Erici	
5,	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	56. REGISTRAR'S SIGNATI	JRE
`	Wm. Cookk Inc. 1217 St.	Faul St.	DAMOV 2 4 '61	Chuman S. Thomas	



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1235 POIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

relace of DEATH a. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 7. STATE b. COUNTY
b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF \$TAY IN 1b RURAL and give neares) town)	c., CITY OR TOWN (If autoble corporate limits, write RURAL and give nearest taylin)
Mt. Wilson, Maryland	Hagerstown 2) 0:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES E- Middle	ONROE 4. DATE Manth Day Year 1961
5. SEX M 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	B DATE OF BIRTH 1. 23: 1935 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give Kind of work dane 10b KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or preign county) 12. CITIZEN OF WHAT COUNTRY?
WILLIAM MONROE	ROSALIE WASHINGTON
(Yes, ng. or unknown) [If yes, give wor or dates of service]	NFORMANT Address
	spital Records, Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) 300 COM CC _ A	- i + C
Canditions, if any, which)	Tasis unto knings I year
gave rise to immediate	4
cause (a), stating the <u>under-</u> lying cause last. (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
19	YES NO 🗌
200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) ctary, street, affice bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased fram	10.31. 1961, ta 11. 18, 1961, that (1) (we) last
41 10	death accurred a from the causes and an the date stated above
220 SIGNATURE WWW.	M.D. PHYS STAFF STAFF STAFF STAFF STAFF
22c PHYS CIAN'S NAME (Type)	22d ADDRESS
Wm. New comer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OF THE THEREOF 11-ZZ-1961 RUSL HILL	Rematory 23d. LOCATION (City, town, or county) (State) Remetery Wagerstown Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
John R Watson & Hagustown m	DATE NOV 2 2 '61 C. Lang & Hague



may be to defect the haspital or attending physiciss.

TO FUNER. -- IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. ofter deoth: Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITA

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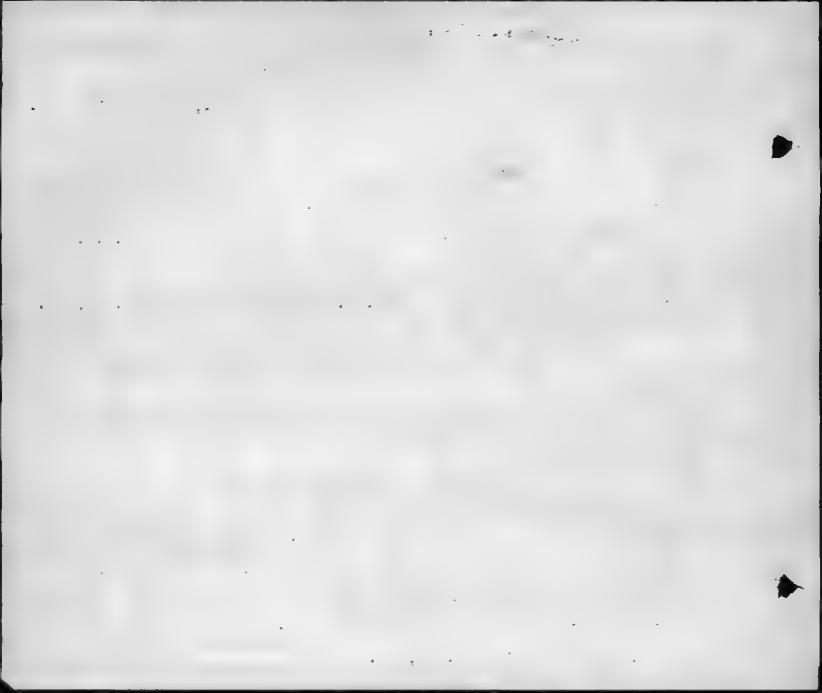
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12358

CERTIFICATE OF DEATH

	Reg.	Dist	SN	634)	1 1	ĝ.
_			_	_	~~		ж.

Œ	1								Hoge brists	1100	
1	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RES	idence (where /irgini	deceased lived	5. If institution b. COUNTY	n: Residence	before adn	ission)
ı	B. CITY OR TOWN (III	b. CITY OR TOWN (If autside carporote limits, write RURAL and eve negret [awn] Bays C. LENGTH OF STAY IN 1b Bays				TOWN (IF outside 12 Course)					
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION						83X.	5	ON	ESIDENCE A FARM?
ļ	Tyv Hall C	<u>onvalescen</u>	t Hor	e	#19 Har	rison A	ye [a]	to-20.	l'id	YES	□ NO □
1	3. NAME OF DECEASED (Type or print)	Fir	nnie	Middle			DATE OF DEATH	Mant		Day	Year
ŀ					Moo			Nov		10	1951
	S. SEX Fer alle	White	VIDOW!	DIVORCED	Sept 1		9. A0	GE (In years st birthday) yrs.		YEAR IF UN	IDER 24 HRS.
ľ	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN					N OF WH	AT COUNTRY?				
	during most of work	ing life, even if retired ONE				th Car			U.	S.A.	
l	3. FATHER'S NAME					S MAIDEN NAM	E				
١	Charles D	oyle			Uı	nknown					
Ĭ	S. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	NFORMANT			Addre	11.5		
	NO NO	IIf yes, give wor or dates of s		one ir	s. R. C	lochar	2604	Amble:	r Rđ.	22,	Md
I		TH WAS CAUSED BY:	64	ne for (o), (b), and (c).]	0-1	1111	1			INTERVAL ONSET AN	
ı	IMMEDIATE CAUSE (6) DE LITTURE OF CHILDREN										
1	Conditions, if any, which) and Interest Protes Cardio Vascular disease 3 yes										
ı		Conditions, if ony, which gove rise to immediate (b) William Classical Say								7	
I	couse (a), stoting (cosse (a), stoting the under-									
ı	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
ı	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL	L DISEASE CON	NDITION GIVE	N IN PART I	(o) 19. WA PER	S AUTOPSY FORMED?
ı	2		***							YES	□ NQX(CX
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture	of injury in Port	I or Port II of	ilem 18.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While	Not while of work	ACE OF INJURY ctory, street, affi	(Home, form, 2 te bldg , etc.)	20f. (City or Io	wn)	(Cou	inty)	(\$tole)
ł		at Lattended the	decease	ed from // -/	10/2/	/_, to //-	-10	10/0/	Mark I Inc	A 15	e deceased
ı	alive on //	1.	10 (and that death							
I	11	7	, 12_3	s_z, and mar dean	occurred di		n, from the DRESS (Siree),			agte st	DIEC ODOVE. DATE SIGNED
ł	ACTUAL	MBan	m	anudnu	- OI		•	,			
l	SIGNATURE	77,5000		- par-corre	M.D	552 Phil	E. KOS	0.6311	liora-	a,Mr	hjenq
	PHYSICIAN'S NAME (Type)	eorge M Bat	amear	dner, M.D							
	220. BURIAL, CREMATIO REMOVAL (Specify) BULLA	11-12-1		22c. NAME OF CEMETERY CO			LOCATION	(City, town, as North			(ale)
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRES\$		24a. REC'D BY	REGISTRAR	24b. REGIST	RAR'S SIGN	ATURE	
	JOHN J. D	UDA 7922	Wise	Ave. 22, Md	l.		1 3 '61	C.	Time & 1	Kraues.	
100											

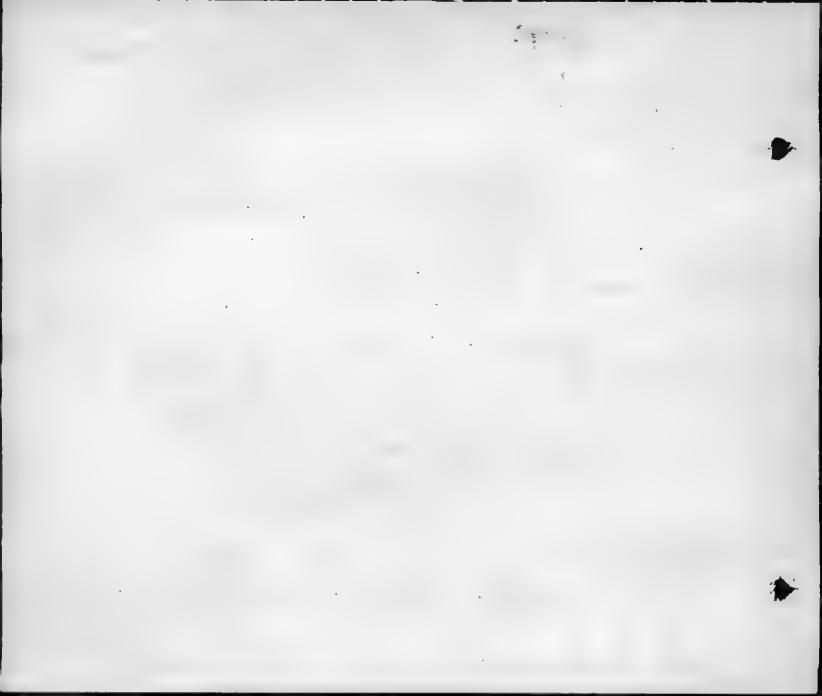


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH AND INVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND								
	123till CERTIFICATE OF DEATH								
)	1. PLACE OF DEATH Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE AND b. COUNTY (IC) MICO								
b CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town) Filed on 11 son, Waryland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY									
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mt. Wilson State Hospital d. STREET ADDRESS FOR HOSPITAL (If not in hospitol, give street oddress) No. Wilson State Hospital on A FARM? YES NO. D								
	3. NAME OF DECEASED (Type or print) VIRGINIA NETTE Model (Type or print) VIRGINIA NETTE MORE DEATH 1/ 20 1961								
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR WIDOWED DIVORCED 1 1 1 1 1 1 1 1 1								
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign caupity) OMEST (CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign caupity) ARRYLAND (C. CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign caupity) OMEST (C. CITIZEN OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign caupity)								
	ZORAH MOORE MARY S. FURR								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dotes of service) 2/7-12-4676 Despital Records, Mt. Wilson State Hospital								
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARCINOMA O HE LUNG INTERVAL BETWEEN ONSET AND DEATH								
	Conditions, if ony, which) (b)								
	gave rise to immediate cause (o), stoting the <u>under</u> lying cause last. DUE TO (c)								
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO CONTRIBUTING C								
,									
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Nat white of work at wor								
	21 I certify that (1) (this haspital) attended the deceased fram. $9 - 2 - 4 - 1961$ to $11 - 2 - 2 - 1961$, that (1) (we) la saw the deceased alive on $11 - 2 - 2 - 1961$, and that death accurred at $12 - 2 - 2 - 1961$, fram the causes and an the date stated above								
	22d. SIGNATURE ATTENDING MED STAFF FIGURE 1/20/10 ATTENDING MED DIRECTOR PHYS FIGURE 1/20/10								
	22d. ADDRESS NAME (Type) William Newcomer, M.D., Superintendent. Wilson State Hospital, Mt. Wilson, Mc								
	23d BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 11-23-61 GREEN ACRES CEM. SALSBURY (No.								
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE: OV 2 4 '61 Children & Krause								
	THORNTON IS, NOTICY, JAILS DURY, MIA INTERIOR & TO I COMPANY								



X

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12361 CERTIFICATE OF DEATH

Reg.	Dist. (No.) 12	· Land

Ī	PLACE OF DEATH o. COUNTY //	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
	BH/EINDORE MARYLAND	o. STATE MARY AND b. COUNTY				
	b CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)				
L	MARKVILLE 3YRS	. TARK VILLE				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
L	2419 NAKWOOD 11D	1 74/19 NARWOOD ND YES NO D				
3	D. NAME OF First Middle DECEASED	4. DATE Month Day Year				
L	(Type or print) MARI	MORGAN DEATH NOT 20 1961				
ŀ	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF SIRVH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthdoy) Months Drys Hours Man				
	WIDOWED DIVORCED	JUNE 4, 1889 10st birthdoy) Months Days Hours Min.				
fi	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (S/a)e ar foreign country) 12. CITIZEN OF WHAT COUNTRY?				
ı	77 HOME	MARY AND USA				
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	MICHAEL V. GATELV	ANIA MAIONE				
Ī	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. II	NFORMANT Address				
	NO HONE	FUMILY KECORDS				
F	18. CAUSE OF DEATH [Enter only one cause per line 12 (a), (b), ond (c).]	INTERVAL SETWEEN				
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	reciles nemerodage - ONSET AND DEATH				
ı	221 V DUETO (2 1 0-4-	- / / / - / .				
ı	Canditions, if any, which) (b) Jena are	resolutores 4 tupperter 10 fr				
1	gove rise to immediate Couse (a), stating the under					
1	lying couse last. (c)	V				
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(0) 19. WAS AUTOPSY				
	Jirvious Cextrovase	netor clarinage o himiplegia YES NO IN				
	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part (of Part II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
1	20c, TIME OF INJURY Month, Days Year 20d, INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
1	20c. TIME OF INJURY Month, Dayn Year 20d. INJURY OCCURRED 40 For While at work at work at work	citify, sneet-onice blog., etc.)				
	21. I certify that I attended the deceased from	- 1961, ta NOV 196/that I last saw the deceased				
	alive an 11/20, 1961, and that death	2,00				
		ADDRESS (Street, city or town, state) DAYE SIGNED				
	SIGNATURE + TOMP 4. Tarce	M.D. 9005 Harlord Red . 11/21/6,				
ı	manded of the live	1 R 14-1 VIII				
	PHYSICIAN'S PRAIVE PROPERTY SUR	Dallo 14 May.				
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY, 22d. LOCATION (City, town, ar county) (State)				
	DURIAL (Specify) 11-24-61 NEW LATER	EUNA/ BALTIMORE MARYLAND				
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	L. F. EVANS I JON 8802 /ARTOND 1	DATE NOV 2 4 '67 July & Phone				



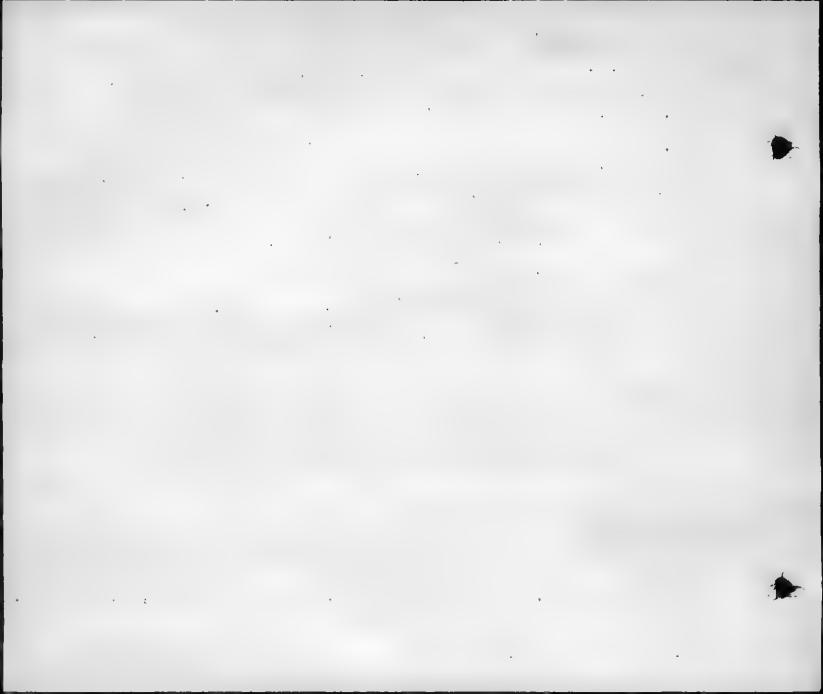
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L.	12362	CERTIFICATE OF D	EATH	12348	3
)	1 PLACE OF DEATH o. COUNTY Baltimore	MARYLAND 2. USUAL RES	IDENCE Where deceased lived b	f institution: Residence befo	ore admission)
A-	RURAL and give nearest town) Mt. W. Ison. Maryland	ENGTH OF STAY IN 16 Bal	TOWN (If autside corporate limit:	s, write RURAL and give ne	grest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Mt. Wilson State Hospital	ess) Jd. STREET	Preston	str	e IS RESIDENCE ON A FARM? YES NO K
	3 NAME OF DECEASED (Type or print) LDUISE First	SHREET MO	RISON DEATH	Month 3	19 6 j
	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8. DATE OF BIR	1907 9. AGE	In years (rhday) IF UNDER 1 YEAR Months Days	Haurs Min.
	100. USUAL OCCUPATION (Give kind af wark dane 10b. KIND dyring mast af warking life, even if retired) Bookkeer	per) Rol	ay, Maryl	and 12. CITIZENO	F WHAT COUNTRY?
	HARRY SHREE	TAN	S MAIDEN NAME TELIA	LINK	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	-26-3464 Hospital	Records, IIt. W	Address	los ital
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a). (b). and (c).) & dramaed puls	wany tube		ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which (b)	•	0		- / //
	gove rise to immediate cause (a), stating the under-lying cause last. DUE TO				
nds**	PART II OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE OR CONTRIBUTING CAUSE OF DEATH IT IF THERE, NOTIFY MEDICAL EXAMINER;	RIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COND!	TION GIVEN IN PART 1(a)	PERFORMED? YES NO
		HOW INJURY OCCURRED. (Enter nature	of injury in Part I or Part II of ite	m 1B.}	
	Under the Control of	Not while factory, street, office	(Hame, farm, 20f. (City or town) te bldg., etc.)	(County)	(State)
	21. I certify that (I) (this haspital) attended I saw the deceased alive an	the deceased from 10.2.	19.6/. ta 11.3		hat (I) (we) last e stated abave
	220 SIGNATURE	M.D. ATTENDIN	DIRECTOR PHYS.	· 1/.3	19 6 SIGNED
		rintendent lit.	Milson State L.O.	sp.tal.it.I	lilson, No
1	BURTALPecify) 11-6-61	Baltimore National	23d. LOCATION (Cit Baltimo:	re	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Paul	ADDRESS Street	250. REC'D BY REGISTRAR NOV 6 '61	Sb. REGISTRAR'S SIGNATU CANDAR & HO	

after death. Page 4 the attending physician and campletely filted in the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ham may be to be the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has men signed by the attending physician and completely filted in page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 on the State Board at Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2349

F.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	e. county Baltimore MAR	Maryland b. COUNTY Prince George
	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF ST write RURAL and give neerest town)	AY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
<u></u>	Catonsville	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	dress) d. STREET ADDRESS e. IS RESIDENCE
	Spring Grove State Hospital	1408 Merrimac Drive
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
	(Type or print) Crother Horat:	110 1011011
5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRI	Hist Diritidey) Months Davis Hours I Min
	MI WIDOWED DIYORC	ED 5-28-89 72yrs.
	ope during most of working life, even if retired)	Virginia U.S.
	Steamfitter Plumbing	
13	Malcolm Moseley	14. MOTHER'S MAIDEN NAME
1 -		Ann Cardin
	es, no, or unkown) (Ifyesgivewerordetesofservice)	
	Unknown 578-07-956	
	18. CAUSE OF DEATH [Enter only one ceuse per line for ,e), (b) and PART I. DEATH WAS CAUSED BY:	QNSET AND DEATH
	MMEDIATE CAUSE (+)_ Bronchopheumo	nia; terrinal 2 weeks
V	DUE TO	
	Conditions, if eny, which (b) geve rise to immediate cause	
	(a), stating the underlying DUE TO	
	cause lest. (c)	was a second of the second of
201		TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	Left hemiplegia due to cerebral	vascular accident in 1953
CERTIF	206. ACCIDENT WAS UNDERLYING 1 OD. DESCRIBE HOW NJURY OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18)
MEDICAL	20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED Hour e.m. While Not While	20e. PLACE OF INJURY (Home, farm, 20f. [City or town) (County) (Stere) fectory, street, office bldg., etc.;
MEE	p.m. 19 et work et work	
	21. I certify that ((this hospital) attended the decease	ed from ept. 18 19 01, to Nov. 8 , 161 , that (I) (we) la
	saw the deceased alive on NOV. 8 1961	and that death occured at
	220. SIGNATURE (1, 11/2 1/2 1/2 1/2)	ATTENDING MED. STAFF 11-8-61
	22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. U.	22d. ADDRESS Spring Grove State Hospital Catonsville, Maryland
23		CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
	Manual (Specify) 11-10-1961 CEDAR	HILL CREMATORY SUTTLAND, MO.
1		
24	Murral DIRECTOR'S SIGNATURE ARLINGTON ADDRESS NO MONTH 3901N. FAIR	ERAL Home = 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FOIL D. PRIVADATE NOV 1 3 '61 Chilling & Kroue

TO HOS!! AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

4 may be retained by the hospital or attending physician.

5 TO FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and complete. ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be falled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



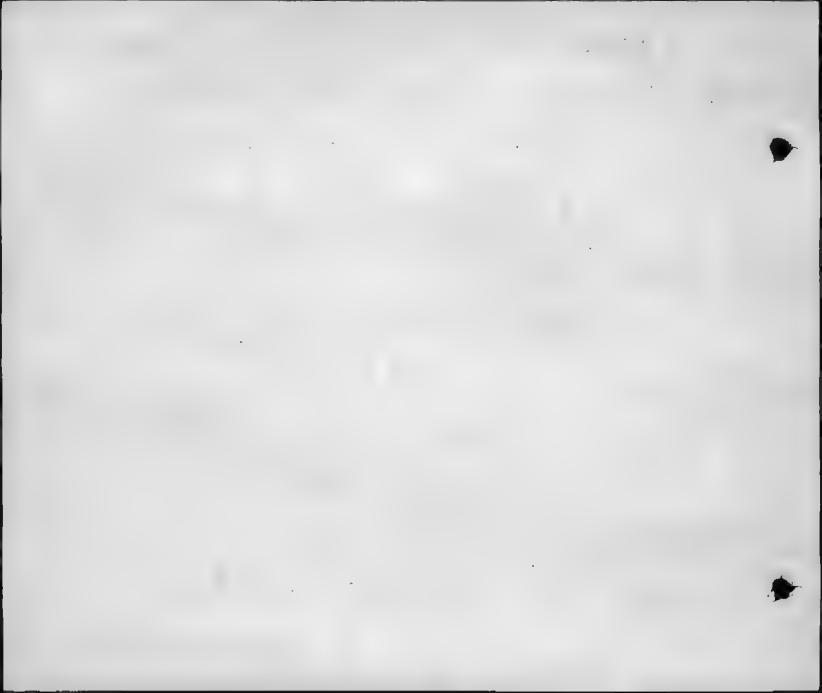
REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Ras dence before edm ssion) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete I mits, C LENGTH OF STAY IN 16 completery 3. NAME OF Month DECEASED (Type or print) DEATH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. and last birthdey) WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS, OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Souders EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO 17. INFORMANT (If yes giva war or detes of service) 18. CAUSE OF DEATH [Enter only one cous DEATH WAS CAUSED BY: MMEDIATE CAUSE (+) **DUE TO** anterwockerausis Conditions, if any, which geve risa to immediate cause Extreme mal metretion 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) __Not While fectory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from new 10 saw the deceased anve on new 19 22e, SIGNATURE PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PRINCY GTROVE STATE O FUNI (State) 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Ft. Lincoln Md.-25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hyattsville, Maryland DATENOV 21 '61 Custon S. Firms Francis Gasch's Sons



TON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY fundral director. Page ained for your files. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 <u>ښ</u> write RURAL end give neerest town! TOWSON Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) . IS RESIDENCE ON A FARM? refained State OXBURY YES NO death. NAMEOF M'ddle DATE and 3 to the DECEASED JAMES with the (Type or print) DEATH aller may be 2 with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers LIF UNDER 1 YEAR! IF UNDER lest birthdey) Be executed within 24 Tours and in light 18. Give Face 1, 2, and 2. form PM3, Page 5, and 2. form PM3, Page 1 and 2. Face 1 and 2. Face 1 and 2. Face 1 and 2. Face 1 and 2. Months | Deys WIDOWED [O yrs. DIVORCED IDs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give we ror detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO removal, Conditions, if eny, which (b) "pending" geve rise to immediate ceuse (6) **DUE TO** cute the certificate, mriting the wmll "pending to forwarded to the Chief Medical Examiner".

AL DIRECTOR: Page 3 should be used as a (a), stelling the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2De. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I, of stem 18.) age 3 should be burial, PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) 0 While Not While at work et work prior L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER AND Address (Street, city, jown, or county) plnous piease 4 shoul O FUN DER 22 BURIAL, CREMATION, 225. DATE THEREO NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) 24e. REC'D BY REGISTRAR L 246. REGISTRAR'S SIGNATURE VS. ATMME DATE NOV 2 5M 7/59

AND STATE DEPARTMENT OF HEALTH



14		6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 2 6 6 CERTIFICATE OF DEATH
# 10 P			12352
aft uner hou	-		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 6. COUNTY 6. STATE 6. COUNTY
4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			DALIMORE MARYLAND MD.
od ÷ pue	VI)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
2 s 1 s 1 s		<u> </u>	CATONSVILLE 15 YRS X CATONSVILLE
hin ed ages	Y		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM?
P P		ي	1901 EDMONDSON AUE. 5901 EDMONDSON AVE YES NOW
pers Pers 72 h			NAME OF First Middle Last 4. DATE Month Day Year OF
X de de la la la la la la la la la la la la la	1		(Type or print) ALBERT GEORGE MURRELL DEATH NOV. 27, 1961
e o o feix		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			MI WIDOWED DIVORCED AUG, 2, 1849 72 yrs.
fical cian ove		10a do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ne during most of working life, even if retired)
certii hysi rem	,	1/2	TIRED CANDY SALESMAN, LEWIS CANDY MDI U.S.A.
th og plants		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dea din ple			GEORGE MURRELL LINEWOUN
the street hen al, a			WAD DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address s. no. or unknown) I (If yes grue war or datasor sarryica)
he at .		=	MRS LOLA LEWIS, 5901 EDMONIDS ON AU
t your Tree			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
auire nysic ed f ed f			IMMEDIATE CAUSE (6) CEREBURY UNSCULAR THE CAUSE (6)
registration in the			4 + X DUE TO
ding ding			conditions, if any, which the MARTEWSINE AMOUNT COMMINE.
The then so the source of the			(a), stelling the underlying DUETO UTTO EVENTE A) PS = 1)
or a bra he the		_	COUSE 1051. [6] FILL WILLIAM RY ED COM AT SATISFACTOR OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 19. WAS ALTOPSY
IIA Itali Itali as t	K	CERTIFICATION	PERFORMED?
SIC ospiratification	U	FICA	YES NO LACO DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
HIV is co		ERT?	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
は 中 中 中 中 中 中 日			20s. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
Affe H		MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)
R. de		×	p.m. 19 of work at work
E 5 6 4 8			21. certify that (I) (this-hospital) attended the deceased from
E A			saw the deceased alive on. 1.1.1.7
O S sh			ATTENDING MED. STAFF SIGNED M.D. PHYS DIRECTOR PHYS. 1/28/11
AL AL	- (22c. PHYSICIAN'S 22d. ADDRESS
K Pa			NAME (TYPO) A W H Shaw M. M. B SELV ED MUNOSON AVE MOUTS HOR
FUN Sclor,		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
dire E			BURIAL (Specify) 11/30/61 LOUDON PK. CENTY. BALTO, NID,
VR A15 (4)	,	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 9/60	1 1	1	21/72 FE FIDIR, 4/0/ EDMONDSON ACE, DATENOV 3 Q'61 wing & Three
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MARYLAND STATE DEPARTMENT OF HEALTH



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	may be ed by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 37 the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after death	
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VR A15 (4) 15M II/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4 1313 - 13

1	Tt.	m 1-2-1-1 to 650	1-1-1-1-1-1	-1-1-			_	
	1. PLACE OF DEATH o. COUNTY			ere deceased lived If institu		ore odmission)		
	Baltimore	MARYLAND	Md.	b. COUNT	Baltimo	re		
,	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write	RURAL and give no	earest town)		
	Parkville		X Par	kville				
	d. NAME OF HOSPITAL (If not in hospital, give stre	et oddress)	d STREET ADDRESS			e. IS RESIDENCE		
4	8807 Baker St.		# 8807 Bak	er st		YES NO		
	3. NAME OF First	Middle	Lost	4. DATE M	onth E	Pay Year	=	
)	(Type or print) Josephine Nie	wiadomski		DEATH NOV	. 18/61	19		
/			B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEA	R IF UNDER 24 HI	25	
		WED . DIVORCED .	Mano Na	last birthday	Months Days	Hours Min		
	10a, USJAL OCCJPATION (Give kind of work dane 10		May8. 71			L	Y?	
	during most of working life, even if retired)		Polar		U.S.			
	House Wife		14. MOTHER'S MAIDEN N				_	
	James Golatowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6 SOCIAL SECURITY NO. 17.	JFORMANT UI	ak.	dress		_	
	(Yes, no, or unknown) (If yes, give wer or dates of service)							
	No		Clemantine (ronski 880				
	18 CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY.	line for (o), (b), and (c)]	Mencolis	ad Luch		TERVAL BETWEEN		
	IMMEDIATE CAUSE (o)	100	Jana 8	- synys	The Macyal	p		
	202,1 DUE TO	Th	and hol	H. R.O. 0.	Visit	-		
	Conditions, if any, which (b)	20000	morriage	acount	rion			
	gove rise to immediate cause (a), stating the under DUE TO							
	lying cause lost. (c)	Jena	where a					
	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISPASE CONDITION O	FINEN IN PART TO	19 WAS AUTOPS PERFORMED?	Y	
		e mem	injections	. other	pine.	YES NO	9	
1	200 ACCIDENT WAY UNDERLYING 20b D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	Enter nature of injury in I	Part I or Part II of item 18.)				
		. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form clory, street, affice bldg., etc.	20f. (City or town)	(Count)	(Sta	te)	
	Hour a.m. 19 Whi	le Not while	7		-			
	21 I certify that (1) (this haspital) atte	nded the deceased fram	1/20 .19	59 to/VOU	19.6	that (I) (we) lo	151	
	saw the degeased aliveron	. /4	/ /	M, fram the causes of	and on the dat			
É	20 SGNATURE / //	7 11				22b DATE		
1	Trank 1.1	asik AV	M.D. PHYS DI	ED STAFF RECTOR PHYS		11/20	ر و	
ſ	22c. PHYSICAN'S NAME (Type) F. A. C. A. C. C.	- Uplalin	22d. ADDRESS	1	~ A	11	7	
	MAME (TYPE) FRANK	VIBIR	19005 17	TARFO 12	DIE	a.		
	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	REREMATORY	23d LOCATION (City, town	, ar county)	(Stote)		
	REMOVAL (Specify)	210611	osace	Dalle	mare			
	24 TINERAL DIRECTOR'S S. GNATURE	ADDRESS 10	30 50 REC'	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT			
	Trackel V. ()Za	2	DATENO	121'61 a	ribur S. Ma	1.4		
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by the and 2 death. þ .== hours after Pé completery and E physician remove attending ٦ the signed by aftending has been DIRECTOR: After this certificate as prior etached for the FUNEXAL director, p

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wir to RURAL and give naarast lown) e. IS RESIDENCE ON A FARM? YES NO NAME OF M ddle DECEASED OF (Typa or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers last birthday) Months 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO . 17 INFORMANT INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSE 13. FATHER'S NAME (Yas, no, or unkown) (Ifyesg vewerordelesofservice) 18. CAUSE OF DEATH [Inter only one cause per | ne for fle), (b), end (c) gave rise to immediate cause (a), stering the underlying cause last. 206. ACCIDENT WAS UNDERLYING [] | 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of I/em 18)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) Month, Dey, Yeer 20d. INJURY OCCURRED lactory, street, office bldg., etc.) While Not While at work at work 192 saw the deceased alive, on and that death occured at from the causes and on the date stated above. 22e. SIGNATURÉ ATTENDING SIGNIPO PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE



TO HOSCHAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

8 4 may be retained by the hospital or attending physician.

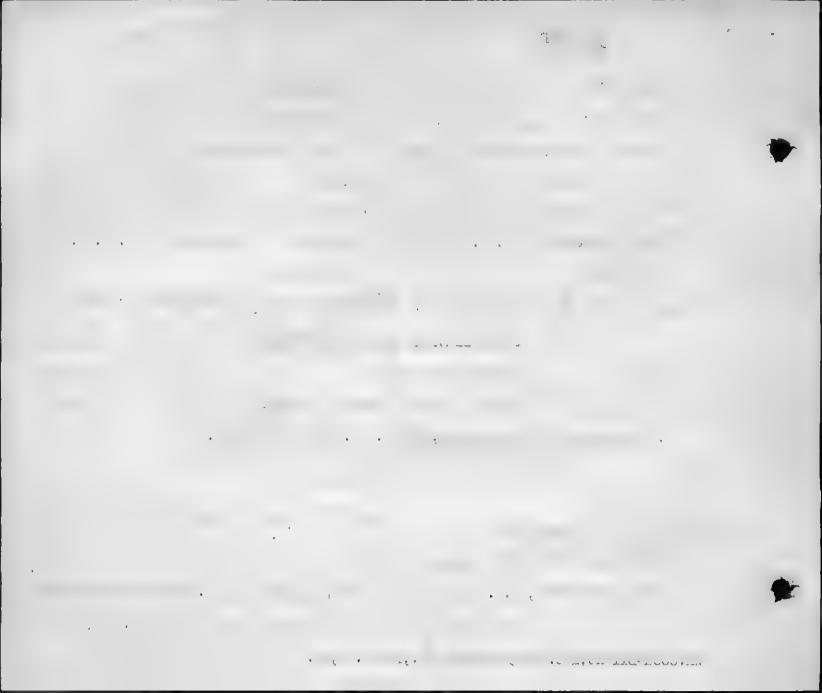
TO FUNDAR LINECTOR: After this certificate The been signed by the attending physician and completely rived in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/60 2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12355

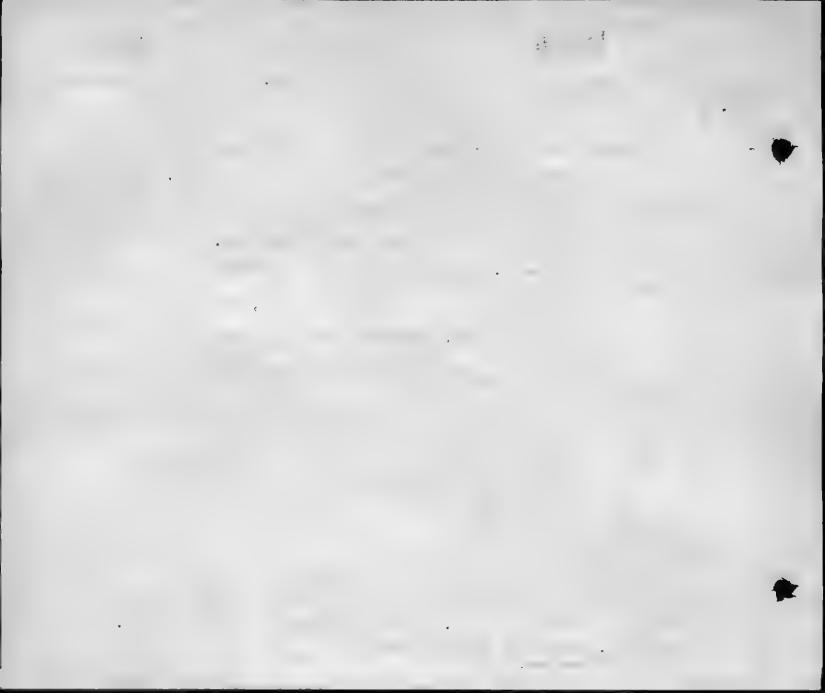
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decreesed lived, if institution: Re-	sidanca baiora admission)	
Raltimore MARYLAND	Maryland Balt	timore	
b. CITY OR TOWN (if outs de corporata limits, c LENGTH OF STAY IN 1b write RURAL and give neerest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and	g va naarest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 22	a. IS RES DENCE ON A FARM?	
Veterans Administration Hospital 3. NAME OF First Midd .	OF	Day Year	
(Typa or print) PAUL	PLISKO DEATH November 17	19 61	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B Male White WIDOWED DIVORCED	June 26,1911 9. AGE (In years FUNDER 1 Y last birthday) Months Do yes.	Bys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR		EN OF WHAT COUNTRY?	
done during most of working [fe, avan ratifad] Soldier - Retired U. S. Army	Edenborn, Pennsylvania U.	S. A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Plisko	Anne Redus	_	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) [Ilyasgivewerordatesofservice]	nical Recored. VAH. Baltimore 15.	Maryland	
168 HW TT 207-20-0019 FOR	T HOWARD DIVISION		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bosterolateral Myo	cardial Infarction	12 Hours_	
420-1 DUE TO		** 1	
Conditions, if eny, which gave rise to immediate cause		Unknown	
(e), staling the underlying			
cause lest, [c] Fatty Liver and He		Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A PERFO 1. Bilateral Bronchopneumonia, recent. 2. Cerebral Edema. 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part 1 or Part 1 of Jam 1B) OR CONTRIBUTING 1 CAUSE OF DEATH 1 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii) 19 WAS A PERFO VES 2 (iii)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) Hour e.m. While Not While factory, street, office bldg., atc.]			
21. I certify that OK (this hospital) attended the deceased from.	1, that (49 (we) last		
saw the deceased alive a November 17 19 61, and that	death occured at	e date stated above.	
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED	
Leben Turse U.D. "	I.D. PHYS. DIRECTOR PHYS.	11/17/6	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	n nativaron	
SEBASTIAN RUSSO, M.D.	VAH, BALTIMORE 18, MD. FORT HOWAR OR CREMATORY 23d. LOCATION (City, town or county)		
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	(Sfeta)		
Burial //-2/-6/ Baltimore National Cemetery Baltimore 20, Mar			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 2 0 '61 Contlant 8. House			
Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14, Md. DATE NOV 2 0 01			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12370 CERTIFICATE OF DEATH
12356

	1. PLACE OF DEATH b. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)		
1	Baltimore Maryland	Md. Baltimore		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town)		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE		
	1415 Shefford Road, Zone 12	1415 Shefford Road ON A FARM? YES NO K. Last 4. DATE Month Day Year		
	(Type or print) ANNIE REGINA PORCELLA	OF		
١	7. MARKITO LI NESTA MAKRIED	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR F JNDER 24 HRS. last birthday Months Days Hours Min.		
4	100. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTR'			
	done during most of working life, even if retired) housewife at home	Baltimore, Md.		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	William T. DeVaughn	unknown		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. I (Yes, no, or unknown) (Ifyesgivewarordatesofservice)			
		ella Steiner, dght, above		
	IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a)_	escriber accident 3 poins		
	(a), stating the underlying DUE TO	arteriosclerosis years		
	Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of 'tem 18.)		
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20s. PLA Hour a.m. p.m. 19 at work at work	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, strael, office bldg., etc.)		
	21. I certify that (I) (this hospita.) attended the deceased from	april 1961, to Deoreish 1961, that (1) (we) last		
	saw the deceased alive on November 38 19 61, and that	death occured at.417.M, from the causes and on the date stated above.		
	22a. SIGNATURE Jalmisano M	ATTENDING MED. STAFF SIGNED 12-1-61		
	NAME (Type) F Palmisano, M.D.	6608 Loch Raven Blud Butto Ho		
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY			
	Burial 12/2/61 Mt. Olivet	Cemetery Baltimore, Md.		
	24 SUNFRAL DIRECTOR'S SIGNATURE: Munek Funeral Home	INERAL DIRECTOR'S SIGNATURE - ADDRESS HOME		
1	3331 Brehms Land DADEC 5 '61 Contant S. House			
		The state of the s		



LAND STATE DEPARTMENT OF HEALTH if btatistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution: Residence before edmission) . COUNTY BALTIMORE ol director. Page for your files e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end a ve necrest town) write RURAL and give nearest town be retained for your h the little Bound of BALTIONCRE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MURDOCK MUKDUCK 2, and 3 to the turn 3. NAME OF 4. DATE DECEASED 2 with the lours after de EDGAR (Type or print, DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 5. SEX AGE (In yeers IF UNDER 1 YEAR last birthdey) 6 yrs. Months Sand Sh W.DOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) lenng most of working life, even if retired) paged 14. MOTHER'S MAIDEN NAME RLASS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (Ifyesg vewerordelesofservice) 64-30-6713 ROBERT J. POWLEY fa. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Examiner's Office along PART I DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), slating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS AUTOPSY CERTIFICATION execute the certificate, writing the word 8 P]≡o≣s 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY [20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) Month, Day, Year fectory, street, office bldg., etc.) Not While 0 While Hour a.m. scute the very for the et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 2 Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER Sharing by for DEPUTY MEDICAL EXAMINER NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMAT ON. 226. DATE THEREOF REMOVAL (Specify) 40 6 Ashland relins FUNERAL DIRECTOR ADDRESS 24b. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Jun & traces

DATE

5M 7/59

4-6-6

Davs

USA

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

1961

IF UNDER 24 HRS.

PERFORMED?

and in my opinion

DATE SIGNED

(State)

NO

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12372 CERTIFICATE OF DEATH 12358

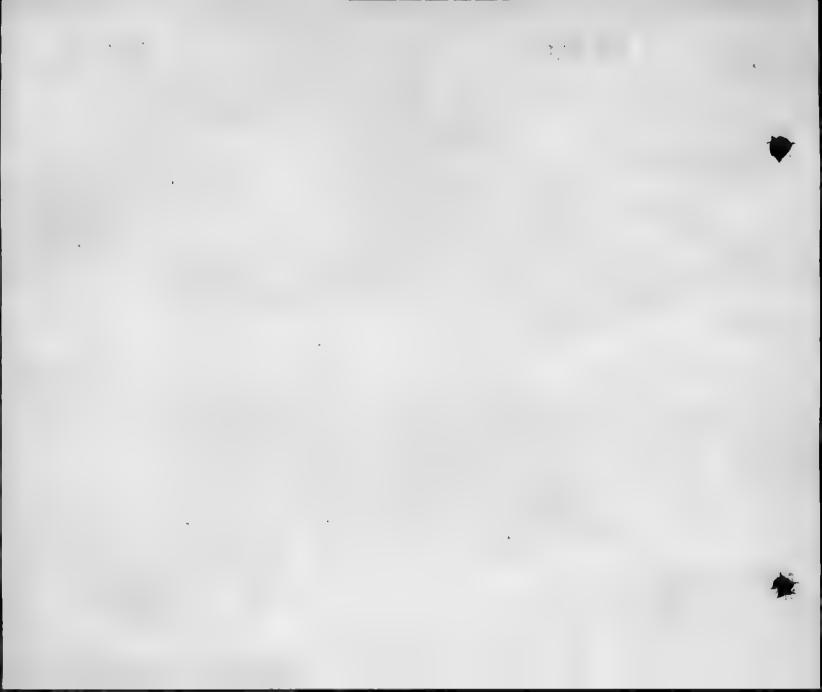
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Baltimore Maryland	*. STATE Maryland b. COUNTY Harford
	b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY, N 1b	c, CITY OR TOWN (If outs'de corporata limits, write RURAL and giva neerest town)
	write RURAL end give neerest lown) Catchsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Havre deGrace, Faryland /224 2
V		ON A FARM?
Л	3. NAME OF First HC St ITAL	662 Ostego Street YES NO Dey Year
	DOCEANID	OF
	(Type or print) George	Price DEATH NOV. 28, 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 1 1 1 1 1 1 1
	male white widowed DIVORCED	Feb. 25, 1875 86 yrs.
	10b USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	farmer	Maryland U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Albert Price	Sarah Ann Huges
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Iffyesgive we ror deles of service)	INFORMANT Address
		cords: SARI G GROVE STALE HOSPITAL
	18. CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c)]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive hea	ONSET AND DEATH
		L'U LCALIALE.
	Conditions, if any, which) (b) Arrtariosclerotic	hand diagona
	gave rise to immediata causa	neart disease
	(e), stating the underlying DUE TO	
	ceuse lest. (c)	DT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) 19. WAS AUTOPSY
	AKI II, OTIEK SIGNATORIS CONTINUES CONTINUES TO SEATING OF SEATING	PERFORMED?
	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO DEATH BUT NO TO DEATH BUT NO TO DEATH BUT NO TO DEATH BUT NO TO DEATH BUT NO DESCRIBE HOW NJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Disease O (Enter nature of injury in Part I or Part II of 'lem 1B)
		CCF OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	21. certify that () (this hospital) attended the deceased from	Nov. 17. 19.61 to Nov. 28, 1961., that (I) (we) last
	saw the deceased alive on Nov 28 1961 and that	death occured at 2.77M, from the causes and on the date stated above.
	22e. SIGNATURE	(/ 22b, DATE
	Stella Wachsler "	ATTENDING MED. STAFF PHYS. 1/29/61 SIGNED
	22r PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE HOSPITAL
	NAME (Type) STELLA WACHSLER	Caronsville 28, Maryland =
	23a. EURIAL) CREMATION, 23b. DATE THEREOF 237 NAME OF CEMETERS	OR CREMATORY 23d, LOCATION (C ty, lown or county) (Slete)
	REMOVAL (Specify) 12/1/61 Kinch (MI)	n New Stoel Md.
/	24 FIMERAL DIRECTOR'S SHOWATURE ADDRESS ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Jumes 100 / con / friday con	re Mel DATE DEC 5 '61 arthur & King

IO HOSS FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death.

Seath. A may be retained by the hospital or attending physician.

PLO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, miled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and A director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and A director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 7 hours after deafn.

ghin 24 hours after,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY OWARD MARYLAND b. City OR TOWN (if outside corporete tim ts, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town) wite RURAL and give necrest town) ELLICOTT BITT CIUSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6 MACALPINE YES NO 3. NAME OF 4. DATE DECEASED DEATH (Type or print) 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED last birthday) Months Hours WIDOWED IF 18a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State or fore on country) done during most of working life, even if retired) FUNERAL DIACCTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN Address (Yes, no, or unkown) | (Hyesgive wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (" RO NARY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gaya rise to immediate cause DUE TO (a), stating the underfying couse lasf. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1[16] 19. WAS AUTOPSY PERFORMED? NO M 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 28e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dev. Year factory, street, office bldg., etc.) Whila Not While Hour a.m. et work el work saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

4605

CEMETERY OR CREMATORY

WALNUT PRAIRE

EDMONDSON

23d. LOCATION (City, fown or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SIGNED

d be did not be did no and ģ .E.T Hed and physician please attending pue Then 0 CIOR: FUNE 0 VR A15 (4) 15M 9/60

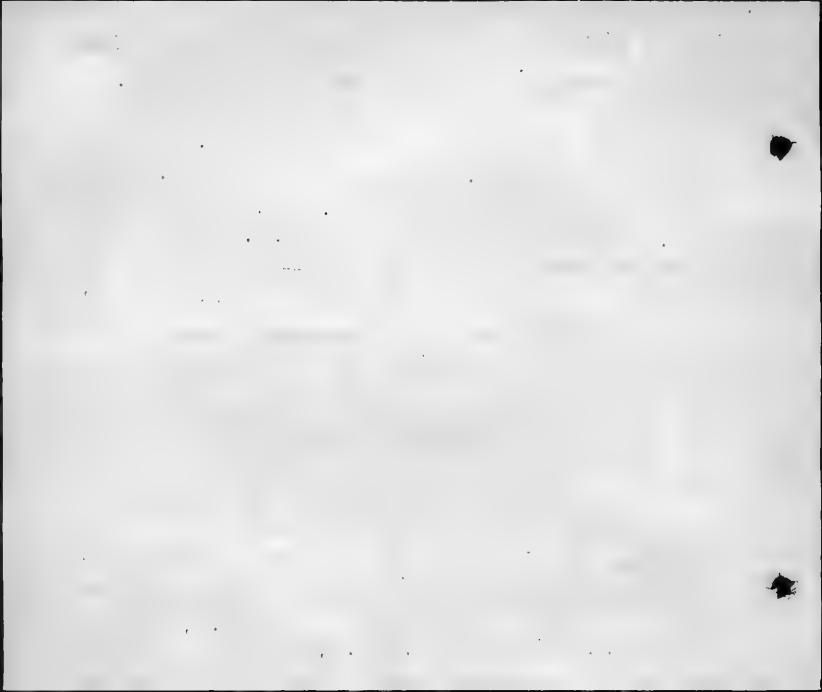
BUR AL, CREMATION,

24 EUNERAL DIRECTOR'S SIGNATURE

MOVAL (Specify)

funeral

1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
हे हैं	\mathbf{M}	(/) 12374 CERTIFICATE OF DEATH 12360
aft aft		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admiss on) a, COUNTY a, STATE b. COUNTY
the 172		Baltimore Maryland Maryland Balto.
in by in by if and		b. CITY OR TOWN (If outside corporate l.mits, write RURAL and give neerest town) Catonsville c. LENGTH OF STAY IN 1b Catonsville
hin age:	1 8	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
S. P.		Caton Ridge Nursing Home 742 Edmondson Ave.
cute plef		DECEASED OF No. 2/63
com com sh p		(Type or print) Mary C. Rolston DERTH 1404 0/81 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and carbo		E-emale white widowed Divorced Jan. 1870 last birthday) Months Days Hours Min.
rificat sician move y eve		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! USA USA
th cei ig phy ase re in an		13. FATHER'S NAME
de din din din din din din din din din din	(I)	Alexander Simpson Agnes
the cattern		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyes give wer or detex of service)
the the true true true true true true true tru		Mrs. Hattie Prederick, 1002 Frances Am [B. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
res tician by ermi		PART I, DEATH WAS CAUSED BY: One of the Alband Taillian Onset and Death
equi phys gned sit p		EMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO
ing I n sig		Conditions, it ony, which I (b) Hyperteusing beent Dine 3+ yrs
he la tend bee bee urial		geve rise to immediate cause (a), stating the underlying DUE TO
r at vr at has has be but urial		ceuse lest. (c)
Ital fal cate as if		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUT
SIC Nosp ertifi use rior		Tes No Per 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
PHY the h his c for th p	, P3	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'njury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH III ETHER, NOTIFY MEDICAL EXAMINER;
Fired Heal		3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
A A A A A A A A A A A A A A A A A A A		Hour a.m. While Not While at work at work
Pept Sept		21. I certify that (I) (this hospital) attended the deceased from Och 4 1958 to 2007. 3, 1964, that (I) (we) last
SEC SE	1	saw the deceased alive on 3 19.61, and that death occured at 5.52M, from the causes and on the date stated above.
OH May	1	ATTENDING NED. STAFF
A TA		22d. ADDRESS
NEW I wil		NAME (Type) HNN. SNYDER MLD. 6348 FREDERICK ROBALTIMORE
HO.		23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)
54547	· · F	urial 11/6/61 Loudon Park Palto. 29, Md
VR A15 (4) 15M 9/60	11	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WITZRE F.D. 4101 Edmondson Ave. Balto. 29, Md OATE HOV 8 '61 C. Chan L. Krana



IO HOLL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. 4 death. 5 death. 7 death. 6 death. 7 death. 7 death. 7 death. 8 and 10 death. 8 and 2 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 1 14 15 TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12361

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, if institution; Residence before edmission) e. STATE b. COUNTY			
N		Raltimore Maryland	e. STATE b. COUNTY Maryland Baltimore			
4		b. CITY OR TOWN (f outs de corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CHY OR TOWN (If outside corporete 1 mils, write RURAL and give nearest town)			
100		Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street eddress)	A Rodgers Forge			
		402 Hopkins Road #12	ON A FARM?			
	3	NAME OF First Middle	4. DATE Month Dey Year			
		DECEASED	OF			
		Lois Hall Ka	Wlings November 22, 1951 Date of Birth 9. Age (in yeers If Under Year, If Under 24 Hrs.			
	_	7. MARKED NEVER MARKED	lest birthdey) Months Days Hours Min.			
			2-13-73 87 yrs. 87 yrs.			
	do	. USUAL OCCUPATION (Give kind of work 10b, KND OF BUSINESS OR .NDUSTR ne during most of working life, even if retired)				
		Retired Housewife	Baltimore, Maryland U.S.A.			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
-	15	Samuel: Hall	Mary ?			
	(Ye	WAS DECEA EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II s, no, or unknown) (Hyesgivewergrdetesofservice)				
	N		s Dorothy H. Rawlings-402 Hopkins Road			
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: (\(\Omega \alpha \cdot \) \(\omega \alpha \cdot \omega \alpha \cdot \) \(\omega \alpha \cdot \omega \cdot \omega \alpha \cdot \omega \alpha \cdot \omega \cdot \omega \alpha \cdot \omega \cd	INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (e)	OF BREAST 44 YVS.			
		170× DUE TO				
		Conditions, if eny, which (b)				
		geve rise to immediate ceuse (e), stating the underlying DUE TO				
		cause lest. (c)				
	NO O	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?			
7	CAT	ronc	YES NO S			
	2	20% ACCIDENT WAS UNDERLYING TO 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPTE)	, (Enter neture of injury in Pent I or Pent I of item 18.)			
	3		CE OF INJURY (Home, ferm, ; 20f. (City or rown) (County) (State)			
	MEDICAL	nour s.m.	ory, street, office bldg., etc.)			
	~	21. I certify that (I) (this hospital) attended the deceased from	N(V) 19. 7 to 100 Bu 19.6., that (I) (wo)-last			
			death occured atM, from the causes and on the date stated above.			
		228. SIGNATURY S	22b. DATE			
J		H.J. Charloux "	D. PHYS. DIRECTOR PHYS.			
1		22c. PHYSICIAN'S NAME (Type) , A.S.CHALFANT	6210 YORK ROAD. BOLTIMORE, 12			
	236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slete)			
		REMOVAL (Specify) Burial 11-25-61 Loudon Park (emetery Baltimore, Maryland			
1	_	FUNERAL DIRECTOR'S, SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE			
6		7m. & Lickney from Bello 17 1118	DATENOV 2 7 '61 Civiling S. Krous			



funeral death.

10 FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

ithin 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

TO HOSEV

VR A15 (4) 15M 9/60 DIVISION OF STA

MARYLAND STATE DEPARTMENT OF HEALTH

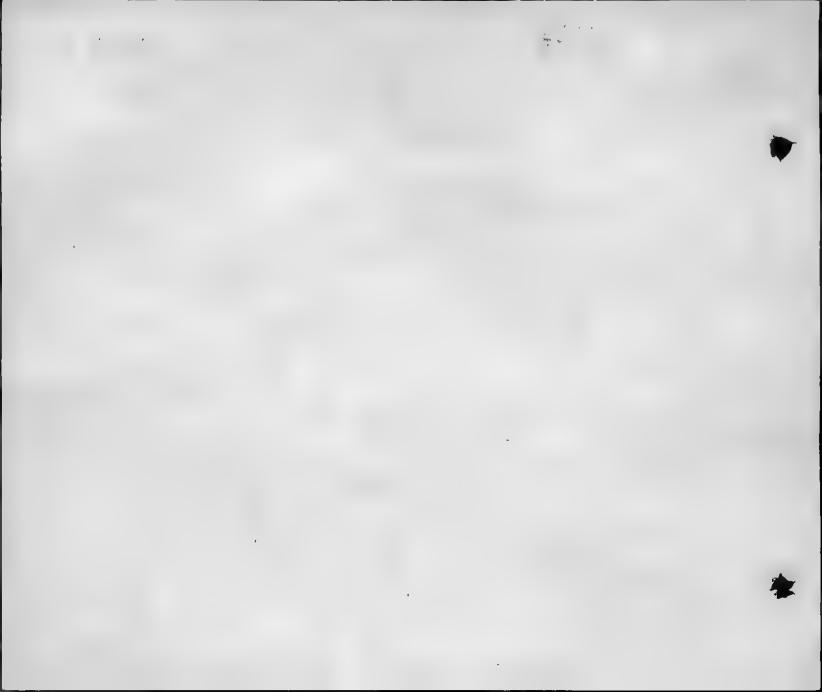
IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12,376

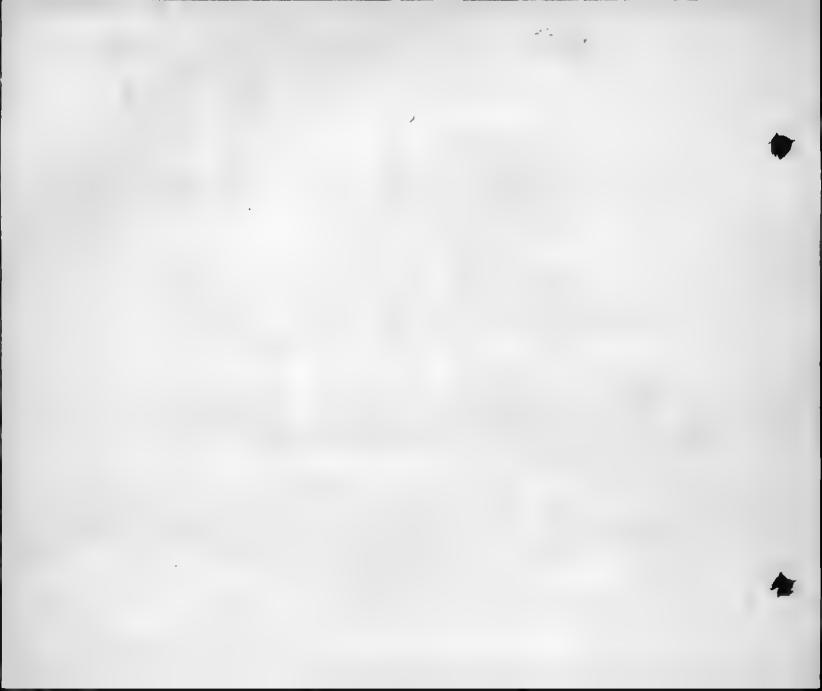
CERTIFICATE OF DEATH

12369

	12002
I. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased I ved, It institution, Residence before edmission) e. STATE b. COUNTY
Baltimore MARYLAND	Maryland S. Cookii
b, CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outs'de corporete limits, write RURAL and give neerest (own)
write furAL and give persast town) Catonsville 23yrlimthl6dys	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	600 South North Point Road YES NO
3. NAME OF First Middle	Lest A DATE Month Dey Year
(Type or print) Christian Re	dmers OF November 6 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
male White WIDOWED DIVORCED	1880 , Oct. 28, 81 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Redmers	Iorraine ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. II	
(Yes, no, or unkown) (Ifyes give we ror dates of service)	
	cords:;SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
immedia Aust (e) Pulmonary edema	_
7 20. O DUE TO	
Conditions, if eny, which \ (b) Cardiac failure	
gave rise to immediate cause	
(e), steting the underlying course last. (c) Arteriosclerotic	heart di sease
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
III aan af 3 - w wi - bd	PERFORMED? YES NO X
Ulcer of leg; right	(Enter nature of injury in Pert Lor Pert Lol Item 18.)
PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NO Ulcer of leg; right 206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING 1 CAUSE OF DEATH III (IF EITHER, NOTIFY MEDICAL EXAMINER)	(color library of report of rest to the rest of rest to the rest of the rest o
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 201. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLA Hour a.m Whi.e Not Whi.e factor	ory, street, affice b dg., etc.)
P	T 00 Non 4 43
21. 1 certify that 30 (this hospital) attended the deceased from.	June 3, 1938, to Nov. 6, 1961, that (I) (we) last
saw the deceased alive on NOV. O 1901, and that	death occured at
E 72a. SIGNASURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Stella Walleto 2 m.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS SPRING GROVE STATE HOS ITAL
Stella Wachsler, M. D.	Catonsville 28, Maryland
230. BURIAL, CREMATION, 236. DATE THEREOF 231. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/8/61 Mt. Carmel Ce	emetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
ULLIZION FUNERAL HUME- DUNPAL	10 MI DATE NOV 8 '61 Children I There
The state of the s	The state of the s



113	*	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
			12377 CERTIFICATE OF DEATH				
director, filed with		1.	PLACE OF DEATH o COUNTY O STATE O STATE D COUNTY D				
Pro l	M)	r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) RURAL and give neorest town)				
offer de the fun shauld		\vdash	d NAME OF HOSPITAL (If not in hospital, give street oddress) J. d. STREET ADDRESS Le IS RESIDENCE				
22.5	X		4102 West Drive 4102 West Drive YES NOB				
in 24 ho filled i		3.	NAME OF DECEASED (Type or priot) William Thomas Reigle DEATH Nov. 9 196/				
유 무 무 교		5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRM 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS				
camplel Papers.		10	D. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY2				
कुट है			Retired Telephone Co. Md. U.S.A.				
	T	13	FATHER'S MAIDEN NAME William Reicle. Frances				
physician emave car haurs aft	T	15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address If yes, gave mor or dates of service)				
attending please re within 72		=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]				
he de e atte e atte e pla e pla e pla e atte			PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SUNDOWN COMMENT OF THE CAUSE (0)				
that I by Ih ii. Th iy eve			Conditions, if ony, which) (b) Arterioralizate: CVD				
quires igned perm in ar			gove rise to immediate couse (a), stating the under DUE TO				
w red lician. een si ransit , and		Z	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY				
The To Phys has b rial-ti	0	CATION	PERFORMED? YES NO				
AN: ending ficate the bu ar re		CERTIF	20a. ACCIDENT WAS UNDERRYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II of item 18)				
PHYSIC of or oth this certi r use as ematian,		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while of work				
hospit After sed fa ial, cr			21. I certify that attended the deceased from Novi 3 , 1961, to Novi 9 , 1961, that I last saw the deceased				
TEN TOR: Jetach			alive an NOV 19 19 and that death accurred at ADDRESS (Street, city or town, stote) DATE SIGNED				
OR A	- 1		SIGNATURE Terbert of Sircles MD 5305 East Drive 11/10/61				
shaul strar		L	PHYSICIAN'S Herbert J. Levickas Baltimore - 27, Maryland				
may be repaired by the registration		22	DEBURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote), 3cm, a Part Part Part Part				
O E O E E VS A15 (4)	Se	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS // 24g, REC'D BY REGISTRAR'S SIGNATURE				
15M 10/57	13.	世	ohn T. Stansbury 4411 Windsor M. 11 Rd DATE MOV 13'61 Calux & thomas				



- Opt	
M	1. PLACE OF DEATH
0	b CITY OR TOW

12378 **CERTIFICATE OF DEATH** 12364° .

O. COUNTY CHARTLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE / b. COUNTY / //
TOMILIMORIE	MARY MAD 6. COUNTY BALTIMURE
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RANGERS TARGE 28 MO.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e, IS RESIDENCE
OR INSTITUTION 1/ 0 1 M	ON A FARM?
ARMACOST NURSING NOME SEGESTER HUE.	4/4 / TEGESTER HUE YES NO 1
3 NAME OF DECEASED (Type or print) MARGARET A. Middle	Last 4. DATE Month Day Year OF DEATH NOV 14 1941
5. SEX 6 COLOR ON RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lift UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days House Alia
W WIDOWED DIVORCED	April 77, 1876 SS yrs Manths Days Haurs Min.
10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
At NOME	MARN /AND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN DELANEY	MARY FAIR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address
(Yes, no, or unknown) (If yes, give wer or dates of service)	FAMILY RECORDS
18 CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	aria Ormenia (1204)
153,9 m 7 67	The One I bescenting
Conditions, if any, which gove rise to immediate (b).	11c CH Erom Large Dovie 2 you
cause (a), stating the under DUE TO	11/1-
lying cause last (c) Coned 112	ed type fensive c-Viserse / 1 yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?
3	YES NO T
OR CONTRIBUTING CAUSE OF DEATH	D (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (State)
Haur a.m. While Not while for work of work	ctary, street, affice bldg., etc.)
	- not a plant to the second
21. I certify that I offended the deceased from	Lo. 1947, to 1101/4, 1961, that I last saw the deceased
alive an	
ACTUAL (P) CO TENTO	ADDRESS (Street, city or lown, state) DATE SIGNED
SIGNATURE COLLEGE OF MILL	K.O 100 71711 Kd 1/0/6/
PHYSICIAN'S Charles FO'DANNE	11 Brito #4 md
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF CEMETERY CO	R CREMATORY 22d. LOCATION (City, town, or county) (Stole) PALEM. BALLIMONE MD
23_FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
1/1 = 4 (0 000 // 1/2 1/6	House and the second
C. F. LUANS I SON 8807 NAR IORU IID	DATE NUV 2 1 '61 Company of the co

may be "I'd by the haspital ar attending physicion.

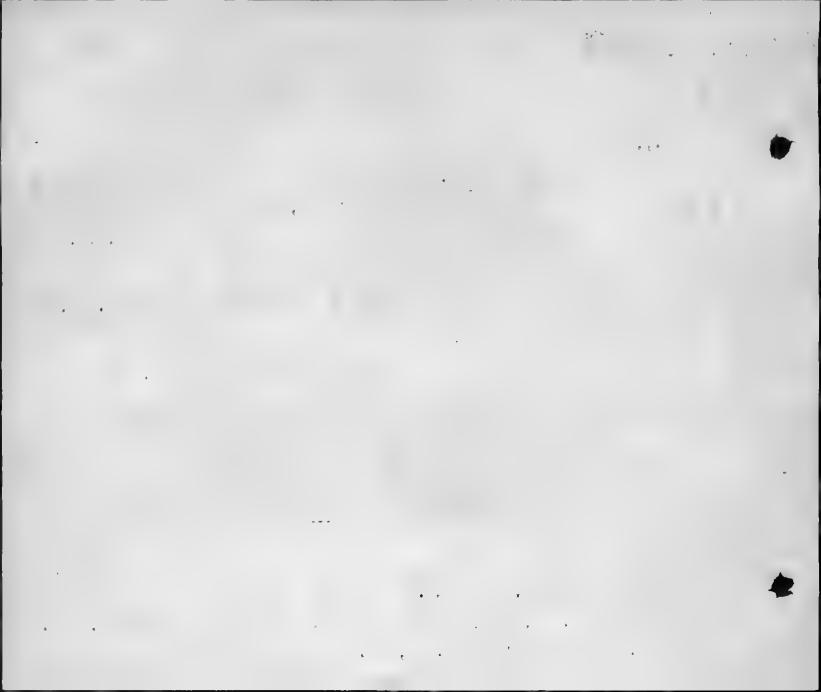
D FUNER (IIRECTOR: After this certificate has been signed by the attending physicion and campletely filled. — I the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death. R ATTENDING PHYSICIAN: The law requires that the death certificate be suggested within 24 may be TO FUNER TO HOSP! VS A15 (4) 15M 9/IIB

after death. Page 4



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) by is necessary, I director, Page for your files. oard of Health, a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m is, write RURAL and give neerest town) write RURAL and give nearest town) Years Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE the funeral or retained for the State Boa ON A FARM? Res., 49 Mavista Avenue 49 Mavista Avenue YES NOT 3. NAME OF Middle 4. DATE DECEASED the (Type or print) MARY DEATH REISSER November 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with Jast birthday) Female White WIDOWED [IOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY [11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewil fe North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Sawyer Ann Forbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no or unkown) (Ifyes give wer or detes of service) Office along with famousit permit permit permit and in any e Robert Reisser 49 Mavista Ave. 22. Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale r's Office s s a burial-t DUE TO Active and Inactive Pulmonary Tuberculosis. gave rise to immediate couse g the word "pending f Medical Examiner's should be used as **DUE TO** (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part I of Ifam IB.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homs, farm, 20f. City or town) (Slate) factory, street, office bldg., etc.) Not While Hour a.m. The R: P. et work et work 50 H 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection and in my opinion forwarded IL DIRECT Natural causes X death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forwed FUNERAL DIF ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 15/61 Charles S. Petty, M.D. NAME (Type) Address (Street, city, town or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 240 g 1961 Meadowridge Mem. Park Washington Blvd. Md .. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME (JOHN J. DUDA 7922 Wise Ave. 22, Md. 5M 9/60 Clothing & true

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Page files. Baltimore COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) o Baltimore 2, Bx 449, Rt. Baltimore 2 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE P 809 ON A FARM? be retained th the State B Box 1119 YES NO 3. NAME OF Middle 4. DATE Month Year death. If an DECEASED OF (Type or print) ROBERT RHODENHEAVER DEATH 19 61 after e Pages 1, 2, and 3 to 3M3. Page 5 may be pages 1, and 2 with the within 72 hours after 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR last birthday) Months Hours June 1893 Male WIDOWED ! DIVORCED TO This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA General Repair Handyman pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18, Give Cecelia Johnson Lou Rhodenheaver form event 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unkown) [(Ifyesgivewerordatesofservice) Sontol Bongiorno 2711 Greenmount Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c).] INTERVAL BETWEEN burial-transit p Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease .MMEDIATE CAUSE (6) in pencil s a burial-f DUE TO Conditions, if any, which "pending" gave rise to immediate cause Examiner's DUE TO (e), stating the underlying Ö cause last. used cremation, PART II, OTHER'S ON FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 2 writing the word NO X Med cal should 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of mjury in Part I or Part I of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Chief age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f., (City or town) (State) lactory, street, office bldg., etc.) While Not While forwarded to the at work el work prior 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Su cide Undetermined manner death resulted from Natural causes Accident Homic de CHIEF MED.CAL EXAM.NER 🗶 designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 11-27-61 NAME (Type) NAME (Type) RUSSELL S.
226. BURIAL, CREMATION, 226. DATE THEREOF Address (Street, city, town, or county) FTSHER M.D. AGG. 22d. LOCATION (City, town, or country) O g 40 g Burial Loudon Park Cemetery Baltimore. 246, REC'D BY REG STRAR | 246, REGISTRAR S S.GNATURE NOV 3 0 '61 VS. AISME current & Themes Eastern Ave. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

funeral

d completely filled in by the room papers. Pages 1 and 2 within 77 hours after death.

TO HOS? AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death.

S A may be retained by the liceptal or attending physician.

S TO FUNE III DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove co from papers.

S Girector, page 3 should be detached for use as the burial-transit permit. Then please remove co from papers.

S De filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 7 The

thin 24 hours after

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12367

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. STATE
Dictionne (0, MARYLAND	o. STATE mod. b. COUNTY / a. a.
b. CITY OR TOWN (if outs'de corporete limits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town)
Ittansville	Umaholie 12x.3.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
I went dinen	FT. 3 R.F.D. VEST NOT
NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED (Type or print)	or -7,2 00
I Immo G OLIN	
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 State of Birth 1 O O O O 1 O O O 1 O O O O 1 O O 1 O O O 1 O O O 1 O O O 1 O O 1 O O O 1 O O O 1 O O O 1 O O 1 O O O 1 O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O 1 O O
Male White WHOWED DIVORCED	1/2//5/ JO 412.
e. USUAL OCCUPATION (Give kind of work pine during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Dalleman net.	n. F. U. S. a.
FATHER'S NAME	14 MOTHER S MA DEN NAME
Francia Rinn	" mary me preary
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17.	INFORMANT Address
es, no, or unkown) (Ifyesgive wer or detes of sarvice)	of Frank B. Range
18. CAUSE OF DEATH Enter only one ceuse per line for (a), (b,, end (c).	INTERVAL BETWEEN
DARFA DEATH WAF CALICED BY	ONSET AND DEATH
MMEDIATE CAUSE (6) A RT ENTO SEL	ENTIFE CARAIU-VASOURS
DUE TO DISEASE	r. /
Conditions, if any, which gave rise to immediate cause (b)	'IB
(a), stelling the underlying DUE TO	
177	RY EDEMA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 🖸
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D, (Enter natura of injury in Pert I or Pert II of item 18.)
[IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f. [City or town) [County) [Stete]
Hour and	tory, streat, office bldg., etc.)
porter 17 ()	10/1 to 11/20 10/14to (1) (sup) bea
	t death occured at
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
JOHN DE STARW MAG	5 SOO EMMONASON AUE. MAG. 18 140
Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (Stele)
Nemoval (Specify) 1/130/6/ 71. Lun	aven 3201 Bladeneturg Rel S. C
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SEGNATURE
margaret + don - Patonson	ille 2 PDAHEC 1 '61 Outling & Known
· · · · · · · · · · · · · · · · · · ·	THE DI CARLON TANK



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12382 **CERTIFICATE OF DEATH**

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Rea. Dist.	N.	50	ı5	ħ	3

	_							
	1,	PLACE OF DEATH COUNTY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE b. COUNTY				
	H	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
ソ		TOWSCA	6 mon/hs	Battimo	. X			
		d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d STREET ADDRESS	, 1,	/	e !	IS RESIDENCE ON A FARM?
	L	TONGON NURSING Home		6304 Bee	chwood	Rd (12	, У	ES NO H
	3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Doy	Year
	<u> </u>	(Type or print) HLYCE	RI	ODINSON	DEATH	VOV	11	1961
	5.	SEX 6. COLOR OR RACE 7. MARR	RIED MEVER MARRIED	B. DATE OF BIRTH	9 AG	E (In years IF UND birthday) Months		UNDER 24 HRS.
		emale white widowi		AUG 24 188	1 8	O yes	Doys H	lours Min
	100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if relired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country)	12 (CITIZEN OF V	WHAT COUNTRY?
	L	Housewife		SOUTH CAR	OLINA		0.0	S. A.
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME			
\	١,	John James DIA	7	LANE ELIZ	1 both 1	Acobs		\
)	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IF	NFORMANT	M. St. T. L.	Address		(12)
		m/	ENE E	dward E. Rol	bINSON	6304 Bee	chwas	d Rd
		18. CAUSE OF DEATH [Enter only one couse per lig		0 , 1	1 1	1.	INTERV	AL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	bacutomatics	ardin W	MANUEL ON	Missan	ONSET	AND DEATH
		422.1 DUE TO	0-			· ·		
		Conditions, if ony, which) (b)	Interioscler	Does				
		gave rise to immediate			· · · · · · · · · · · · · · · · · · ·			
		lying couse lost.	/					
	z	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19 1	WAS AUTOPSY
	Ϋ́							PERFORMED?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO 20b. DESCOR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	Part I or Part II of i	tem 18.)		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL			CE OF INJURY (Home, form, tory, street, office bldg., etc.)	. 20f (City or tov	vn)	(County)	(State)
	MED	Haur o.m While p.m. 19 at worl	k ot wark,	nory, area, ornice blog., etc.	1			
		21. I certify that (attended the decease	ed from June	201019 10/	Mr. 11		Llast saw	the deceased
		alive an Nov 11 19/		accurred at 813	M from the	causes and an		
					ADDRESS (Street)		ine dule	DATE SIGNED
		SIGNATURE CHIPPERCE	DelA	10 6801-1	Josh Ka		16/1	3/6/
		11.0	2//5	1) 64	y maisa,	4 £	,	
		PHYSICIAN'S NAME (Type) NAME (Type)	tost	- Dalle	MEN	12 M	9	
	220	BURIAL CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d LOCATION	City, lown, or county	7	(State) /
	¥	Burney Specify Nov 14-1961	McReland Me.	MCRIOL	Balt, man	e Co	*	md
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PALT	Im one 240. REC'E	D BY REGISTRAR	24b. REGISTRAR'S		
	3	Glenn 7 Sein 5209)	VORK Rd 12	md DATEROL	V 1 6 '61	Cirilhun 1	? Thurs	

may be resided by the haspital as attending physician.

O FUNER: RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, as remayal, and in any event within 72 hours after death. ofter death: Page 4 OR ATTENDING PHYSICIAN: The tow requires that the duoth certificate be executed within 24 ho TO HOSPITAL TO FUNER

VS A15 (4) 15M 10/57



VR A15 (4) 15M 9/60

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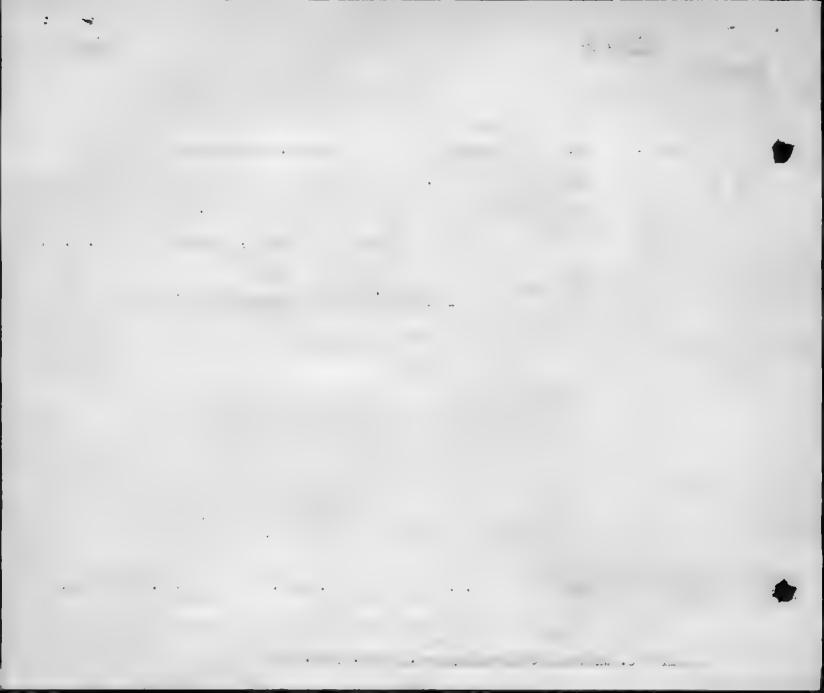
athin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	ACE OF DEATH				DENCE (Where de	ceased lived, If In:		nce before admission)
	Baltimore		MARYLAND	a. STATE Marv	land	B. COUNT		6
b.	City OR IOWN (if outside corporate write RURAL and give nearest town		NGTH OF STAY N 16		WN (f autside corp	orete limits, writa l	URAL and giva	rearest town)
Fo	ort Howard		25 Days	Re 1+4	more 18		3 v.	- -
	NAME OF HOSPITAL OR INSTITUTION			d. STREET ADD				a. IS RESIDENCE
								YES NOX
	eterans Administra	ation Hospi	.Ta_L **	2027_	N. Calver	t Street	De:	
DI	CEASED	I IFS)	Widdle	Lasi	OF			
	(ba ot br,uj) TINMO			ROBINSON	DEATH	MOACHIDET		19 61
5. SE	X 6 COLOR OR R	ACE 7. MARRIED 🎦 N	NEVER MARRIED [B.	DATE OF B.RTH	9	AGE (In years 1	Months Days	Hours Min.
l M	lale Negro	WIDOWED [DIVORCED	July 26,	1917	THE YES	nonna baya	110013
10a,	USUAL OCCUPATION (Give kind of during most of working life, even if r	work 10b, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or	toreign country)	12. CITIZEN	OF WHAT COUNTRY
	orter	Chem	ical Compan	y Bal	timore, M	arvland	1	U. S. A.
13. F	ATHER'S NAME			14. MOTHER'S MA			'	
Se	muel RobinsOnn			Jennie	Knorr			
15. W	AS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIA	L SECURITY NO., 17, 11	NFORMANT		Address		
(Yes,	no, or unkown) (Ifyesg vewerordate Yes WW II	stofservice) 218	-05-0789 Cl	inical Re	cords, VAH	, Baltimo	ore 18,	Maryland
	B. CAUSE OF DEATH (Enter only			re noward	DIATRION		1 18	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED B	Y:					0	INSET AND DEATH
	IMMEDIATE CAUSE (a) LEFT VENTRICULAR HYPERTROPHY							
	DUE TO CHRONIC NEPHROSCIEROSIS							UNKNOWN
	Conditions, if any, which BRONCHOPNEUMONIA							TERMINAL
-	ave rise to immediate cause	KK.						
	ause last.	[c]						
Z -	PART II. OTHER SIGNIFICANT CO	NOITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	I IN PART 1(a)	19. WAS AUTOPSY
Ĕ								YES 17 NO
발 2	De ACCIDENT WAS UNDERLYING	20b. DESCRIBE I	HOW INJURY OCCURED.	(Enter nature of inju	ury In Part I or Part I	of item 18.)		
2 (11	R CONTRIBUTING [] CAUSE OF DEA FEITHER, NOTIFY MEDICAL EXAMI	ATH (NER)						
MEDICAL	Oc. TIME OF INJURY Month, Day		I A	CE OF INJURY (Homory, street, office bld	e, farm, 20f, (City	y or town)	(County)	(State)
WED	Hour m.m.		of While McTo	,, anda, once bre	and outsit			
1-	1. I certify that (I) (this ho		he deceased from	November	5., 1961, lo.	November	3019 61	that (F (we) las
	aw the deceased alive on I		19.61 , and that					
	2a. SIGNATURE	*** **********************************	.17 and mai	Geath Occurso	and a new House	1 1116 (90393 9	- Off Tile	22b. DATE
'	20. 310. 31	Dumo		ATTENDING	MED.	STAFF		SIGNE
_	THE PROPERTY OF THE PARTY OF TH) ** .	M.	D. PHYS	DIRECTOR	PHYS. [X]		12/1/61
1 2	PHYSICIAN'S NAME (TypSEBASTIAN	RUSSO, M.D),		TO. 18, MAR	YLAND, FT	.HOWARD	DIVISION
23a.	BURIAL, CREMATION, 236. DATE	THEREOF 23c.	NAME OF CEMETERY C	OR CREMATORY	23d. LOC	ATION (City, town	or county)	(State)
RE	MOVAL (Specify) 12-4	1 60 1	altimore Nat	ional Cer	netery Ba	altimore	28. 1	Maryland
	JNERAL DIRECTOR'S SIGNATURE	7 7 100	ADDRESS		a. REC'D BY REGIS	-	STRAR'S SIGN	
		000 7		0 17 Main				
E	lroy O. Wilson 10	000 BrantTe	A ve. Parc	O T () MILLION	DEC 6 '61		7 8 10 mm	<u></u>



	MAI DIVISION OF	STATISTICAL RESEARCH A	EPARTMENT OF HEALT ND RECORDS BALTIMORE 1, A TE OF DEATH	• • • • • • • • • • • • • • • • • • • •	12370
	PLACE OF DEATH C. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased a STATE	b COUNTY	Ltime of the
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN All outside corpor	rote limits, write RURAL and	give nearest town)
1	ANSGOWNE	SYTS.	XLANSO	OWNE	
	d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION	AUE.	132 HAZEL	AUE.	ON A FARM? YES NO (
	NAME OF PIRST DECEASED (Type or print) EMMA	CharLot7	E ROMM 4. DATE OF DEATH	Novem	65R4, 1961
S.	SEX OF COLOR OF RACE 7. MARR		8. DATE OF BIRTH Oct. 24. 1892	9. AGE (In years last b ritiday) Months yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min
10c	USUAL OCCUPATION (Give kind of work dane 10b during most of working (ife, even if refired)	DOMESTI	STRY 11. BIRTHPLACE (State or foreign of	auntry) 12.Cl	TIZEN OF WHAT COUNTRY
13.	FATHERSNAME	OTTO.	14 MOTHER'S MAIDEN NAME OLGA	HORN	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, is, no, or unknown) [15] (If yes, give wor or dates of service)		FORMANT	Address	()
	NO NONE	NONE M	ISS D. ROMM 1	32 HAZ	EL HUE
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a). (b). and (c).]	of the for	ereos	INTERVAL BETWEEN ONSET AND DEATH
	157X DUE TO				
	Conditions, if any, which (b)	·			
	couse (o), stoting the under-				
z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISEASE	F CONDITION GIVEN IN PA	PT 1(a) 19 WAS AUTOPSY
ATION	THE TOTAL STORT LEAR CONDITIONS	CONTRACTO TO DEATH BUT	TO RELEGIED TO THE TEMPHINAL DISEASI	CONSTITUTE OF THE PARTY	PERFORMED?

200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p. m.

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18)

20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Doy, a. m.

23b

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

CERTIFI

MEDICAL

While Not while of work of work

saw the deceased alive an

21 1 certify that (I) (this haspital) attended the deceased from

and that death accurred at from the causes and an the date stated above.

19_6/, that (I) (we) last

S.GNATURE

ATTENDING PHYS. M.D. 22d ADDRESS MED DIRECTOR STAFF 22b DATE SIGNED

(Stote)

22c PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

REMOVAL (Specify)

DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, or county)

(State) 4a

TERN

250 REC'D BY REGISTRAR '61 DATEOV

25b REGISTRAR S SIGNATURE Chichury S. Huma

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please the State Baard of Health priar to burial, cremation, ar remayal, and in any eventions. TO HOSPI may be

VR A15 (4) 1SM 9/S9

the

by the haspital ar attending physician.

the funeral director, should be filed with

2 shauld

and

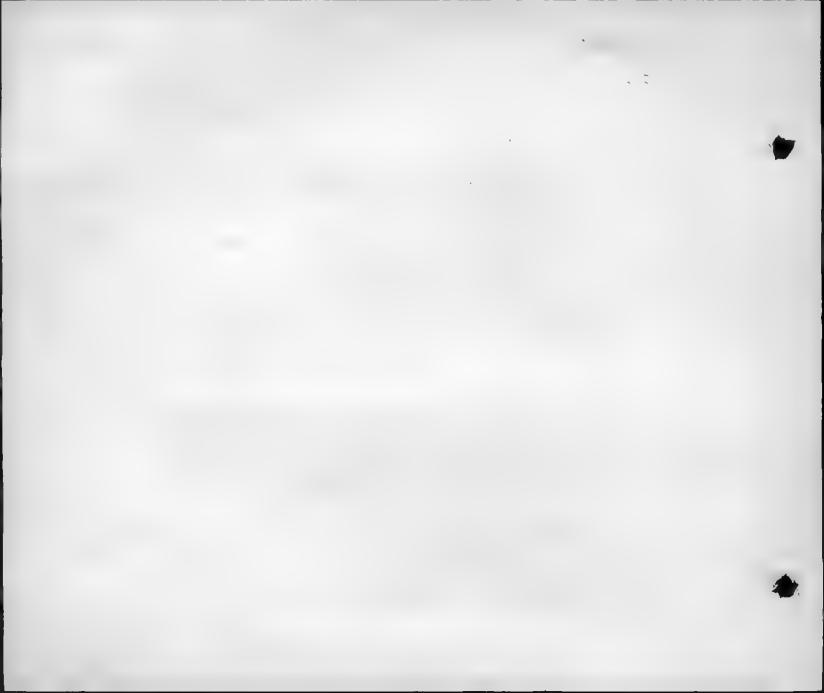
Pages 1

and in any event, within 72 haurs after death remave carban papers.

physician and campletely filled

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h



MENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY 4 2 b MARYLAND c. CITY OR TOWN Ill outside corporate limits, write RJRAL and give nearest town) and b. CITY OR TOWN I'T ou side corporate limits. c. LENGTH OF STAY IN 16 ģ write RURAL and give neerest town) .E arneu Pages illed . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? YES NOCK rbitan Koaa completery 3. NAME OF DECEASED OF DEATH (Type or print) ierara osenh Kosenberger November carbon 9. AGE (In years | IF UNDER I YEAR. 5. SEX F JNDER 24 HRS. 6. COLOR OR RACE LNEVER MARRIED and last birthdey) WIDOWED DIVORCED mal physician 10a. USUAL OCCUPAT ON IGIVE Kind of work ever 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired; timore, 13. FATHER'S NAME aftending Maria Acker Kosenberaer ā 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. Address (Yes, no, or unknwn) | [[fvas give were rdetes of service] the same 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate has been signer use as the burial-transit **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEA'SE CONDIT ON G. YEN IN PART 1(6). 19. WAS AUTOPSY PERFORMED? Se o NO CERTIFIC 200. ACCIDENT WAS LINDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of snjury 'n Pert I or Part I of tem 18., OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. et work al work 1960, to 11/25, 1961, that (1) (wa) last 21. I certify that (I) (this trosporal), attended the deceased from....... saw the deceased alive on......... DATE 22e. SIGNATURE ATTENDING MED STAFF D.RECTOR PHYS, PHYS. 22d. ADDRESS 22c. PHISICIAN'S NAME (Type director, be filed TO HOF death. TO FUR 23e. BURIAL, CREMATION, 236 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) emeter Durial REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) author L. Thomas Hartord Road 15M 9/60



MARYLAND TEATS DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If institution, Residence before admission) e. COUNTY **6. COUNTY** Baltimore Marvland MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Catonsville 1mth26dvs Baltimore d. STREET ADDRESS 3910 Emmart Avenue HOSPITAL 31A. P. 4. DATE Jack Rosenbloom DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH June 10, 1906 WIDOWED [DIVORCED [England pharmacist

b. CITY OR TOWN (if outside corporate limits, c. C TY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF Year DECEASED (Type or print) November 61 19 AGE (In years | IF UNDER I YEAR ! IF UNDER 24 HRS. lest birthdey) male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS.NESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Rosembloom Ida Schwlat 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or deles of service) Records: SPRING STATE HUSPI FAL GROVE unknown unknown 18. CAUSE OF DEATH [fater only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (a) DUE TO Hypertensive cardiovascular disease DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO T 200, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NJURY OCCURED (Enter nature of injury in Part I or Part II of Idem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or lown) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour a.m at work e! work 22b. DATE 22a SIGNATURE SIGNED Lille Work story ATTENDING DIRECTOR PHYS. PHYS. 22d ADDRESS SPRING GROVE STAR 22c PHYSICIAN'S HCSPITAL NAME (Type) Stella Wachsler. M. D. Catonsville 20, Maryland 23d. LOCATION (City, lown or county) 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

certificate may be relaine DIRECTOR: death. VR A15 (4) 15M 9/60

funeral

by the and 2 death.

Pages Filled

and

physician

гетоуе

please affending

> Nov 10/61 Burial 24 FUNERAL DIRECTOR'S SIGNATURE Sol. Levinson & Bros. inc. 6010 Reist Rd.

Hebrew Young Men **ADDRESS**

Baltimore. Md 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Chilling & Thank



FOR STATE ULALTH DEPT.

d of Health, by is necessary, al director. Pege preod TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours efter death. If an plane exactle the certificate, writing the word "pending" II pencil in Item 18. Give Pages 1, 2, and 3 to the firm 4 should be farmereded to the Clim Medical Examiner's Effice along with form IM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 mays after death.

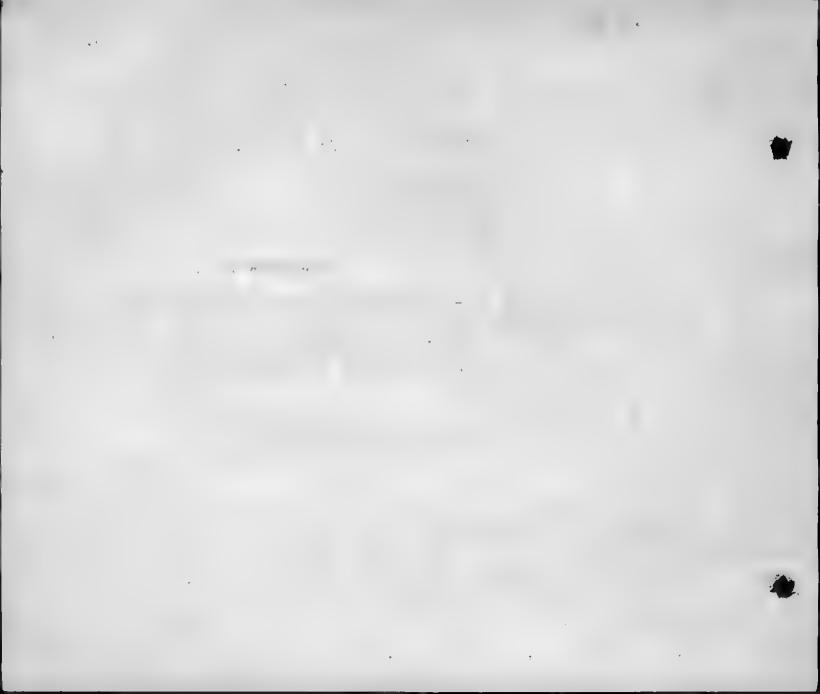
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if in	
- COUNTY	
Baltimore Co. MARYLAND STATE Maryland 6. COUNT	it worth
b. CITY OR TOWN (I outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write I write RURAL and give necrest town)	RURAL end give neerest town)
_ 18 Yrs. X Dundalk (Turners State	tion)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
104 Carver Rd. 201 Clinton Lane	ON A FARM?
3. NAME OF first Middle Lest 4. DATE Month	Dey Yeer
(Type or pant) Fred Poindexter Russell DEATH Nov.	27 19 67
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED , 8. DATE OF BIRTH 9. AGE (In years II	F UNDER 1 YEAR .F UNDER 24 HRS.
Fale Col WIDOWED DIVORCED Sept. 12, 1912 Joyns. 7	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stele or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired Sanitation Dept. Kannapolis North Caroline	
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	-
John Murray Irma Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	_
237-01- 9881 lrs. Edna Russell 201 Clinton	n Lane
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) (OR ON ARY - OCCLUS, ON	en m
420.1 DUE TO	4AOstimusus
Conditions, if eny, which (b)	
geve rise to immediate cause DUE TO	
cause lest. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
X/	YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	T
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Dc. PLACE OF INJURY (Home, farm, 2Df. [City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. [City or town) While Not While lectory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion
death resulted from: Natural causes [] Accident , Suicide , Homicide , Undetermined man	nner
CHIEF MEDICAL EXAMINER	t
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S M & DEPUTY MEDICAL EXAMINER 1	Ulvy //
NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS OR CREMATORY 22d. LOCATION (City, lown, or county)	1 /0/
REMOVAL (Specify)	or country) (State)
Bunial 11-25-61 Reg Ulbulus Mem. York (Irbulus) 47	
21 Co Trade Tomas 911- 80 . Thomas I Thomas	
Wm. VI. Jocheron Ere. 114 June 1001 11 DATE	



AND STATE DEPARTMENT OF HEALTH DIVISION STATISTICAL RESEARCH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution, Residence before edmission) e. COUNTY el director. Page for your files. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) MARYLAND b. CITY OR TOWN lif outs de corporete limits For your DWSCN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? refained State YES NO 2, and 3 to the fun-3. NAME OF If an DECEASED THER FORD DEATH the (Type or print) eller 7. MARRIED THEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (In yeers IF UNDER I YEAR age 5 may 1 end 2 wit 72 hours WIDOWED [DIVORCED F 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Pages pages 1 within 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME RUTHERFORD Mary Ellen Glenn in pencii In Item 18, Give This certificate should be executed within 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesque war or dates of service) 216-01-0591 Mes Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] DCARDIAL INFHACTION and ARTERY DISEASE geve rise to immediate ceuse "pending" (0 Examiner's **DUE TO** (e), stating the underlying 88 0 cause lest. pesn cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-81 19. WAS AUTORSY PERFORMED? e word NO Medical plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] age 3 sho to burial, cute the certificate, writing the CAUSE OF DEATH. | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While 0 et work et work forwarded to the L DIRECTOR: Pa prior Inspection 6 21 I certify that I took charge of the remains described above, held an Autopsy ... agent, Natural causes Accident [Suicide [Undetermined manner Homicide death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 DEPUTY MEDICAL EXAMINER TIMENTUM Address (Street, city, lown, or county) DEP 22e, BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete! BURIAL (Specify) Baltimore National ₽40 p O Baltimore ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR VS. ATSME Wm. Cook-Towson, Inc., 1050 York Road. Towson DAMOV 2 8 '61 arthur S. Thrace 5M 7/59



funeral ithin 24 hours after the filled in by Pages, carbon papers. Pag ht, within 72 hours TO HO TL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

death.

A may be retained by the hospital or attending physician.

TO FUL AL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

15M 9/60

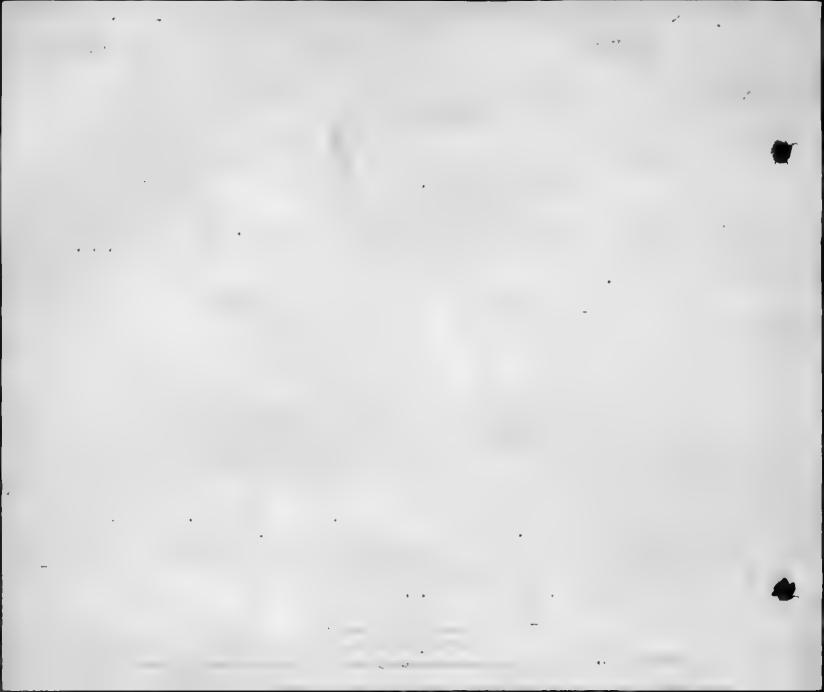
MARYLAND STATE DE	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS		, MARYLAND
12000 CERTIFICAT	E OF DEATH	12375_
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE [Where deceased lived, if institu	Ifon: Residence before admission)
Bal timore Maryland	e. STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give neerest town)
Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 3	a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital 3. Name of First Middle	4 23 South Parrish Street	Day Year
Type or print) ROBERT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	RYAN B. DATE OF BIRTH 9. AGE (In years IF Ul lest birthday) Mor	NDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	lay 4, 1895 66 yrs. 6	
Salesman Bepartment Store The partment Store Control of Working life, even if relired to the partment Store Department Store	Cumberland, Maryland	U.S.A
Francis B. Ryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgiveward dates of service)	Edith Obet Z Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	in Rec VAH Baltimore Md - Ft	Havard Division Interval Between ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO	LOWER_LOBE PNEUMONIA	2 DAYS —
Conditions, f any, which gave rise to immediate cause (a), stating the underlying cause last. (b) CEREBRA DUE TO	AL THROMBOSIS	2 DAYS
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 12
206 ACC DENT WAS UNDER YING [] 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Item 18.)	
Hour a.m. p.m. 19 While Not While fee	ACE OF INJURY (Home, farm, 20t. (City or fown) clory, street, office bldg., etc.)	(County) (State)
21. I certify that (K (this hospital) attended the deceased from.	Nov. 7 19.61 10 Nov. 20	., 1961, that 🗱 (we) last
saw the deceased alive on NOV	t death occured at p.M. from the causes and	on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 11-20-61
22c. PHYSICIAN'S NAME (Type JOHN D. TALBERT M.D.	VAH Baltimore Md - Ft How	ard Division
222 SURIAL CREMATION 123h DATE THEREOF 123c NAME OF CEMETERY		

3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11-23-61 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR'S SIGNATURE

Loudon Park Cemetery 1913 W. Baltimore St Baltimore 23 Md Baltimore Maryland

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
PUY 2 4 161

DATE DATE Frederick A. Cole



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) director. Page or your files. a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 TOWNAI outside corporete limits, write RURAL end give neerest town) write RURAL enderive nearest town) udes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET. ADDRESS 3. NAME OF Middle DATE Month DECEASED OF [Type or print] DEATH 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1"YEAR NEVER MARRIED 77st birthday) 26.1884 May Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Trackman Md. Pa. R.R. Baltimore County, Md File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 05-10-8965 Mrs. Estella E. Schaefer, 1627 N. Calvert St (Yes, no, or unkown) (Ifyesgivewerardetecofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). Office along w burial-transit p Terotic Cartionascular Disease PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause 60 DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19, WAS AUTOPSY CERTIFICATION Medical Ex 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, * 20f., (City or lown) 956 factory, street, office bldg., etc.) 9 Not While et work et work OR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry X Natural causes Accident Suicide Undetermined manner death resulted from Homicide forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION 22d. LOCATION (City, town, or country) Trinity Episcopal Church Cem. Baltimore Co.Md 409 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Wm.Cook, Inc., 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

more

. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO X

(State)

and in my opinion

DATE SIGNED

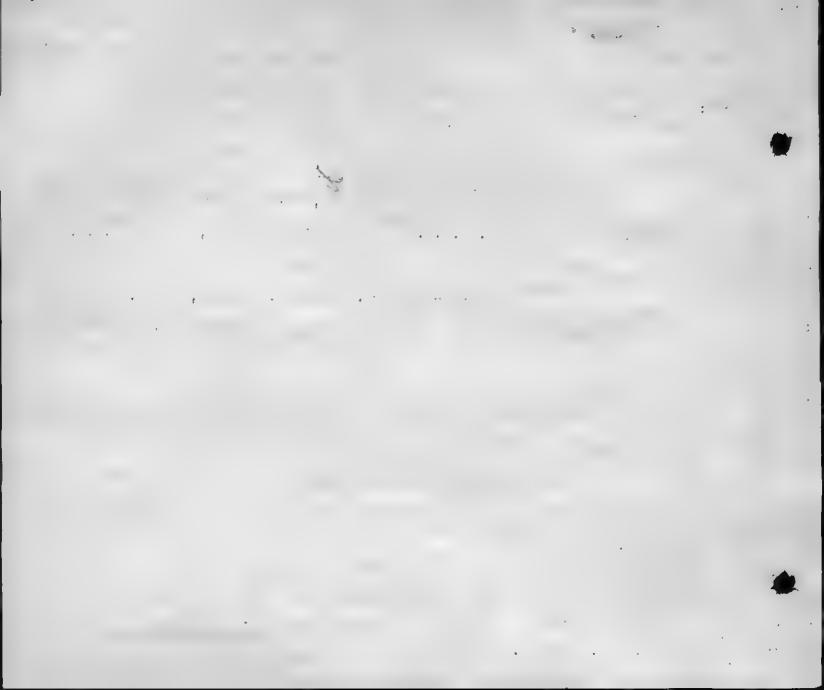
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

DATE NOV 7

61



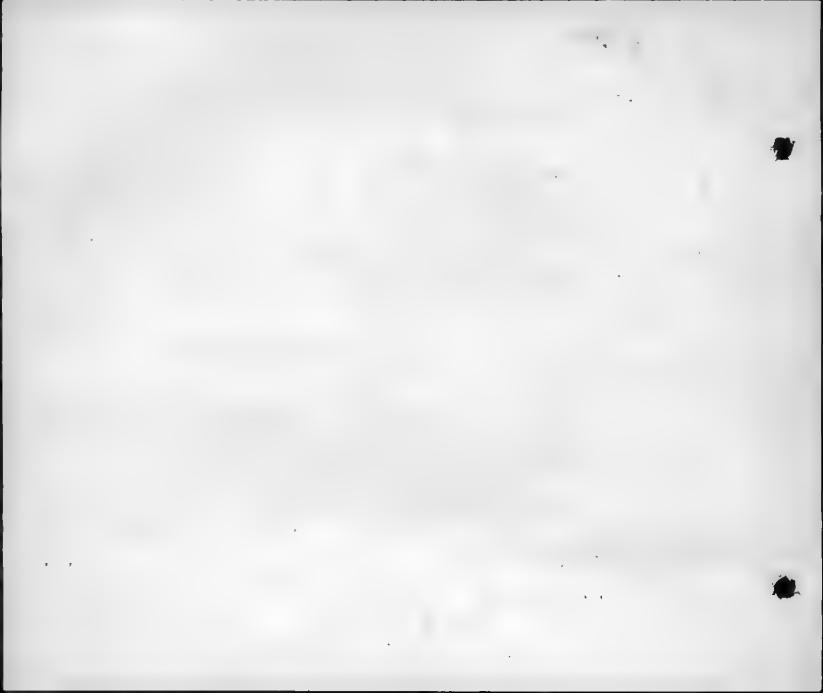
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12391

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12377

	_										
		PLACE OF DEATH	altimore		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased live lary land	d. If institution b. COUNTY	Residence be	rundel	ion)
V	t	RURAL and give pe	f outside corporate limits, writerest tawn) a tons ville	5mth23		(If outside corporate nie, Laryl		RAL and give r	nearest town)	
1		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL				d. STREET ADDRESS		C	2X.	ON A	FARM?
		NAME OF DECEASED (Type or print)	Fint Louis		Middle	Schmincke	4. DATE OF DEATH	Novemb	- /		/ear 1961
/	5. S	ma le	6 COLOR OR RACE 7 N		MARRIED	B. DATE OF BIRTH May 14, 19	900 6	est birthday)	F UNDER 1 YE Months Day		R 24 HRS Min
		. USUAL OCCUPATIO	ON (Give kind of wark dane ing life, even if retired)	10b KIND OF BUSI	NESS OR INDUS	TRY 11 BIRTHPLACE (SI		γ)	12 CITIZEN	OF WHATC	OUNTRY
	13.	FATHER'S NAME				14. MOTHER'S MAIDE	1100	,			
			R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECUR	ITY NO. 17, IN	FORMANT		Addres	35		
	u	nknown 18. CAUSE OF DEA	TH [Enter only one cause p	unknown_ er line for (o), (b), o		cords: SPR	ING GROVE	Sl'ATE	HOSPIT.	ITERVAL BE	TWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Decompensatory and congestive heart failure DUE TO								NSET AND	DEATH
		Conditions, if all gove rise to it couse (a), stating lying couse last.	n mediate	etic hear	rt disea	Se					
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVE	N IN PART I(a)	19. WAS A	RMED?
P	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m	W	d. INJURY OCCURE hile Not while work at work	5-	ACE OF INJURY (Hame, tory, street, office bldg.,		own)	(Count	ly)	(Stote
)	21. I certify that sow the deceas	t 🙉 (this haspital) atte	ended the dece	eased fram	eath occurred 7	19.61 to No. 5 _a M, from the	vember causes and	6 ₁₉ 61, on the da	that (I) (i ite stated	‰ e) las I abave
		22a SIGNATURE .	9.Cholmo	deley		M.D. ATTENDING PHYS.		TAFF HYS 🙀			DATE SIGNET
		27c PHYSICIAN'S NAME (Type)	I_I_Cholmondel	ley (<u> </u>	22d. ADDRESS	SPRING GR Catonsvil		ATE HO	OSPITA	L
	23a	BUR AL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREOF	23c. NAME C	Ler 14	R CREMATORY	23d. LOCATION		md md	(State	e)
1.	24.	FUNERAL DIRECTOR	s SIGNATURE	ADDRESS	130 F	Forface DATE	NOV 2 0 '61		rar's signat		
			/	,	301	md.					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 12 & 14 Film G3U2 12/18/61 iwk
CERTIFICATE OF DEATH 12392 Reg. Dist. No. 2375 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Peridence before admission) o. COUNTY o. STATE 6 COUNTY MARYLAND CITY OR JOWN (If outside corporate limits, write RURAL and give negrest form) c. LENGTH OF STAY IN 16 OITY OR TOWN (If outside corporate) limits, write RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address e IS RESIDENCE ON A FARM? YES NO NAME OF First Day Year DECEASED DEATH 190 (Type or print) AGE (In years last by indoy) IF UNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Dovs Hours DIVORCED [WIDOWED 17 yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) II.S.A. FATHER'S, NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: £448 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? YES NO NO Illet ket fells 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY [Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.] Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Marketiles 27.1950, to Morribles 5, 196/ that I last saw the deceased and that death accurred at 71.32PM, from the causes and an the date stated above. ADDRESS (Street city or Jawn, state) DATE/SIGNED ACTUAL PHYSICIAN'S NAME (Type) BURIAL CREMATION, 225 22c. NAME OF CEMPTERY OR CREMATORY (State) **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & France DATE NOV 8

Filled

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carban

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te has been s burial-transit

detached

DIRECTOR:

FUNERA!

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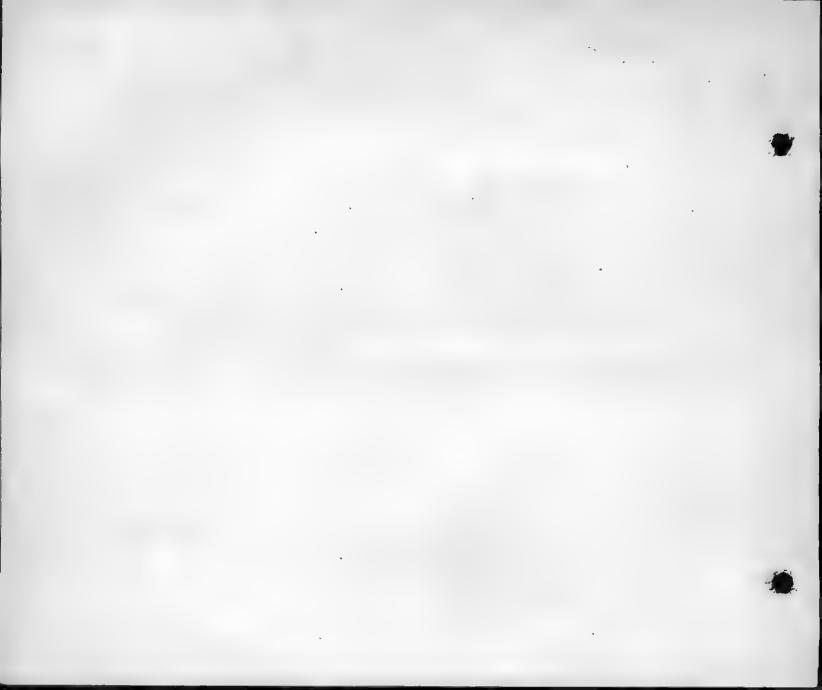
N P

pup

removal,

signed

certificate



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND # 7 7 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by write RURAL and give nearest town) usclownel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 30 NAME OF Middle OF DECEASED (Type or print) DEATH 19 6 NEVER MARRIED A COLOR AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED D VORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a. USJAL OCCUPATION (Give kind of work State, or foreign country) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. [Yas, no, or unkown] [(Ifyes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II(a): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jerm, 1 20f. (City or town) (Slata) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work al work 21. I certify that [1] (this hospital) attended the deceased work the , and that death occured at MM, from the causes and on the date stated above. saw the deceased alive on... 22b, DATE 22a/SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. M.D. TO FUNERAL director, page 3 PHYS CIAN'S 22d. ADDRESS NAME (Type) KIDKER LOCATION (City, town or county) (State) OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, BMOVAL (Spenify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



Je 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
			12394 CERTIFICATE OF DEATH Reg. Distr. No. 12380	
filed with	1)		PLACE OF DEATH COUNTY Balto MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STATE MARYLAND COUNTY Balta Balta	
ofter death the funeral shauld be			c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
offe the id 2 sho	X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR DILlon It eights Ave. 1329 Dillon Heights Ave YES NOT	,
in 24 F filled ges 1 ar			NAME OF DECEASED LOST LEO V. Schroeden S. DEATH NOV. 5, 1969	
ed withinpletely ers. Pag		5. 3	male white widowed Divorced June 13, 1901 (Cyrs. Months Days Hours Min	
be executional compositions of the composition of the contract			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Refined Gas Flectnic M.d., 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country) LI. S. A.	TRY
rlificate be physician a smove corbo haurs after	(I		George Schroeder 14. Mother's Maiden NAME MAY ?	
death certifi tending phy slease remo ithin 72 ha			was deceased ever in u. s. armed forces? 16 social security No. 17. Informant No. 18 yes, give war or date of verice) 212-05-7410 Mrs Marie Schroeder-1329 Dillon Heig	4
he deal e offend en plea nt withi			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITY OF COURSE OF DEATH CONSET AND DEATH CONSET AND DEATH CONSET AND DEATH CONSET AND DEATH CONSET AND DEATH CONSET AND DEATH	
es that I ad by the mit. Th any ever			Canditions, if any, which are rise to immediate (b) Autorius Claude.	
r requir		z	tying cause lost. DUE TO (c)	
The Iow g physic has bea urial-tro	0	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
CIAN: Iltending Tifficote s the be		AL CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (20e. PLACE OF INJURY (Home, form, 20f (City or town)) (See	
that are this cer ar use a		MEDICA	Hour a m. 19 While of work of work factory, street, affice bldg., etc.)	le)
ENDING he hosp il; After ached f burial, a			21. I certify that I attended the deceased from 12, 19.51, to 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 12.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19, that I last saw the deceased alive on 11.56(, 19) that I last saw the deceased alive on 11.56(
d by the	,		ACTUAL SIGNATURE M.C. CATO COLOR M.D. 6410 WILLS MINE MELL MILLS	
SR Should	1		PHYSICIAN'S MITTON Schle With Balto 7 ml	1
O HOS may b O FUNI page 3 the reg		_/	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) SULPICE NOV. 9, 1961 ,	
VS A15 (4) 15M 10/57	γ,	23,	ADDRESS ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ON T. Stansbury Gall Windsorm: 11/2/ DATE NOV 7 '61 C May & Kinus	

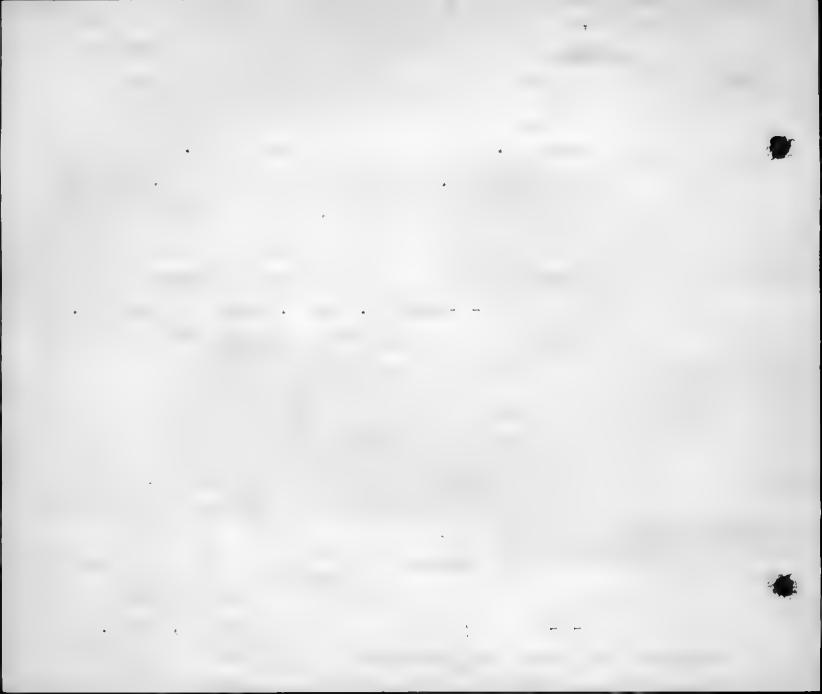
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

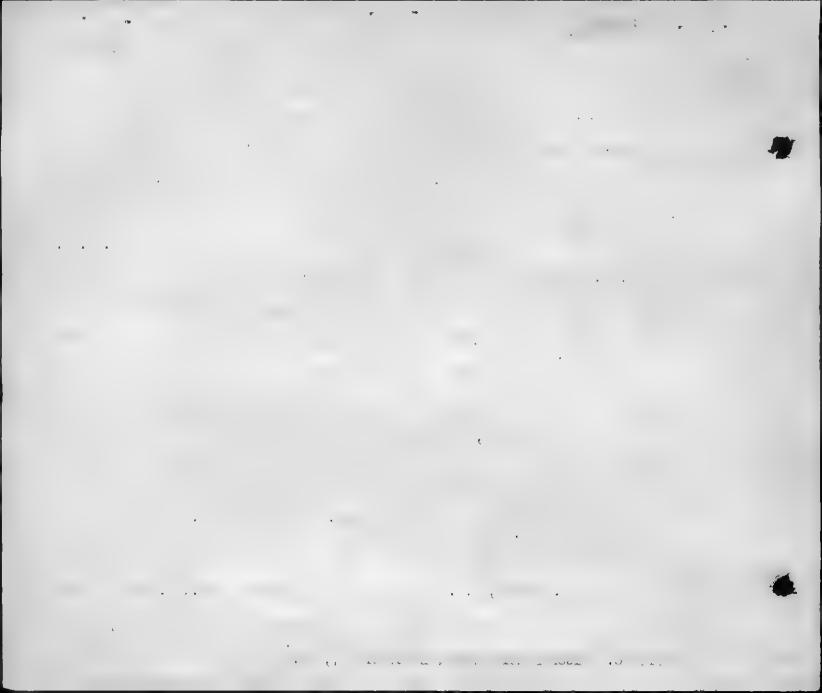
	12381
I. PLACE OF DEATH OF THE STATE	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Bal timore MARYLAND	* STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Overlea	Overlea
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
23 Glenmore Ave.	23 Glenmore Ave.
3. NAME OF First Middle	Last 4. DATE Month Day Year OF
(Type or print) Virgil T. Sch	ultz DEATH Nov. 17. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	July 3, 1889 72 yrs. Months Days Hours Min
	RY 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Assemblyman Aircraft	Indiana USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Schultz	Elizabeth Kretzmeier
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown] [liyesgivewerordatesofservice]	INFORMANT Address
No 305-05-0949A Mr	s. Esther G. Schultz 23 Glenmore Ave. 16
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLOR W. Vash	when allident I day
150.2 DUE TO (VAL)	0+ 1 +
Conditions, if eny, which (b) Children ille	est antrum 2 gis
geve rise to immediate cause (e), stating the underlying DUE TO	h mitustusis
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER).	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
3 Mellit	US NO D
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 20AUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
p.m. 19 at work et work	
	MM f 1961, to MOV
	death occured at AAM, from the causes and on the date stated above.
22e Start JSF 1	ATTENDING MED. STAFF 22b, DATE
	PHYS. DIRECTOR PHYS.
226-PHYSICIANS NAME (Type)	22d. ADDRESS OF GO WAY
	- Jacob Jru
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 11-21-1961 Fairland	Fairland, Indiana,
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
assalm Juneral Home 7401 Belair	Ma DATE NOV 20'61 O-Thun & KLAUGES

VR A1S (4) 15M 7,61



SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STANISTICAL RESEARCH AND RECORDS, 3G1 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, (f institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MERVIAND by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I m.ls, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ·= -lowson owson ed, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS oncordia oncordia Urive 3. NAME OF сопрые DECEASED (Type or print) DEATH carbon 19. AGE (In years I IF UNDER 1 YEAR 7. MARRIED PY NEVER MARR ED DATE OF BIRTH and last birthday) Months D. VORCED 10a. USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) housewite 13. FATHER'S NAME O 14. MOTHER'S MAIDEN NAME ding aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which certificate has been r use as the burial-tr gava risa to immediate causa DUETO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY hospital 8 0 20a. ACCIDENT WAS UNDERLYING __ OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) R: After this condetached for the 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) Not While While Hour a.m. at work at work may be retaine DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 1101-St. Panl

director, page be filed with the death. VR A15 (4) 15M 9/60

ouria 24 FUNERAL DIRECTOR'S SIGNATURE Leonard Y. Ruck 5305 Harford Rd.

REMOVAL (Specify)

23a, SURIAL, CREMATION, 23b. DATE THEREOF

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 'b l

DATE

23d. LOCATION (City, town or county)

balto.

e. IS RESIDENCE ON A FARM?

YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO T

(State)

DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Days

same

(County)

IF UNDER 24 HRS.

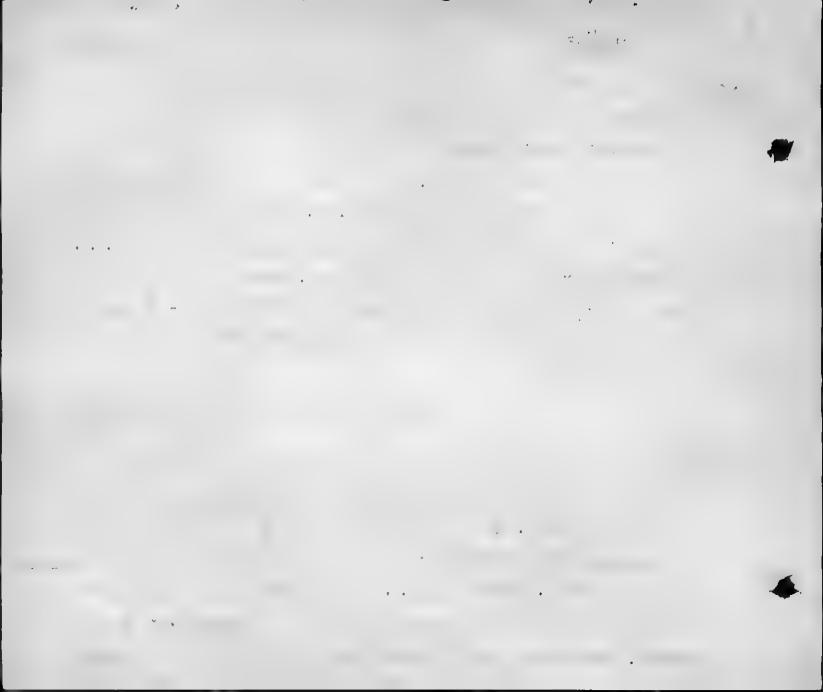


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a, STATE **b.** COUNTY 节2 Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) 25 Days .⊑ Fort Howard Upperco Pages led # d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Y Administration Hospital Trenton Road _Veterans 4. DATE Midd.e DECEASED (Type or print) DEATH 19 61 within HERBERT SHAFFER November rbon 16 COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years .FUNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthdey) Months WIDOWED [DIVORCED [Sept. 14 event, Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Carpenter
13. FATHER'S NAME U.S.A. Maryland
14. MOTHER'S MAIDEN NAME 덮 aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unkown) | (Ifyesgivewerordetespfservice) D Then Address removal, VAH Baltimore Md - Ft Howard Division WW-1 Clin Rec Φ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN may be retained by the hospital or attending physiciar DIRECTOR: After this cerifficate has been signed by 3 should be detached for use as the burial-transit permi ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) CARCT NOMA OF THE COLON WITH METASTASTS UNKNOWN DUE TO Conditions, if any, which (b) gave rise to immediate causa **DUE TO** (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IX 20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) Health 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stata) factory, streat, office bldg., etc.) Hour a.m. Not While at work al work 21. I certify that N (this hospital) attended the deceased from October 23., 1961 to November 17, 1961, that 00 (we) last saw the deceased alive on Nov. 17 ... 19...61, and that death occurred at ... 30M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. PHYS. HOS. AL 27c. PHYS CIAN'S 22d ADDRESS NAME (Type) Donald W. Stewart M.D. VAH Baltimore Md - Ft Howard Division ector, 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. REMOVAL (Specify) g g d Christ Church Cemetery Burial 25e. REC'D BY REGISTRAR 2 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Lain Street 15M 9/60 DATE NOV 21 '61 Continuo S. Minere Joseph F. Eline & Son Reisterstown Md

law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH



VR A1S (4) 1SM II/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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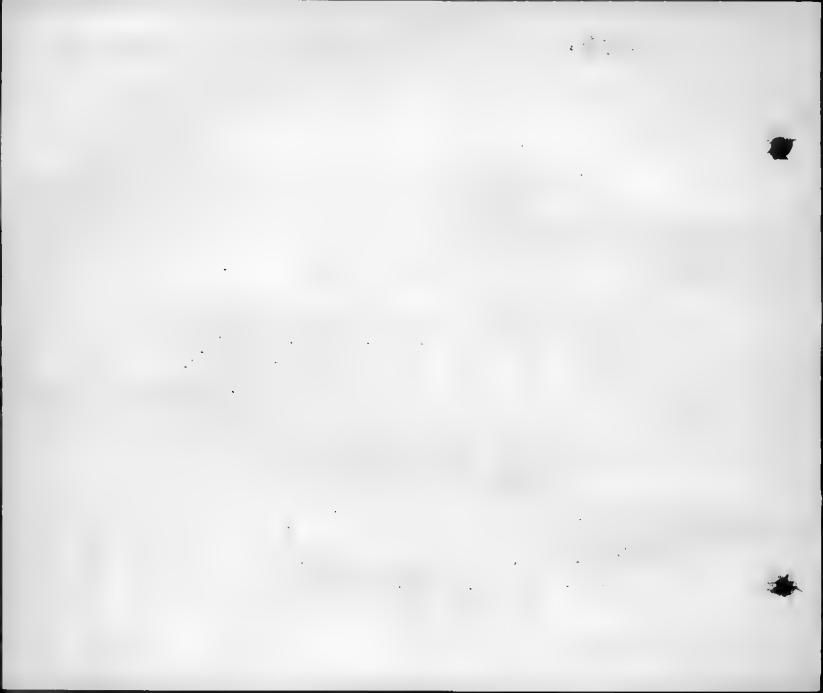
1	PLACE OF DEATH O. COUNTY Balti	T075		MARYLANI	O STATE	SIDENCE (WH	ere deceased live	d. If institution b. COUNTY	n: Residence l	before admissi	ion)
1	6. CITY OR TOWN (If a RURAL and give near	outside corporate limi	ts, write	c. LENGTH OF STAY IN 11	c. CITY O		utside corporate l	imits, write RU	RAL ond give	nearest town)
1					X PIK	ESVILL	E				
1	d NAME OF HOSPITA OR INSTITUTION		ive street o	oddress)	d. STREET		וואס א עדי און	in			FARM?
	7506 Slade Avenue				/ / / /	UO PLA	DE AVENU	E		YES [NO 🗌
3	NAME OF DECEASED	Eir	st	Middle	1	ast	4. DATE OF	Month		,	(eor
L	(Type or print)	REB	A	FLAX	SHEAR		· · · · · · · · · · · · · · · · · · ·	OVEMBE			1961
5	SEX	6 COLOR OR RACE	7. MARR	IED 🗌 NEVER MARRIED 🗌	B DATE OF BI	RTH	9. A	GE (in years ast birthday)	Months Do	EAR IF UNDE	R 24 HRS
L	FEMALE	WHITE	WIDOWE	D 🔣 DIVORCED 🗌	SEPTEM	BER 12	,1900	61 yrs	MOITING DO	ys Hours	MAID
1	0a. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11 BIRTH	PLACE (State	or foreign country	y)	12. CITIZE	N OF WHAT C	OUNTRY?
ı	HOUSEWI		, I .	T HOME	RUS	SSIA			US	SA	
1	3. FATHER'S NAME				14 MOTHER	'S MAIDEN N	AME				
V	MICHAEL	RESNICK			1	MINNIE	PLATT				
	S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	INFORMANT			Addre	55		
Ľ	(Yes, no, or unknown) (IF	yes, give wor or doles of s	ervicej		MRS. MIC	CEY BLI	IDEN- 75	06_SLAD	E AVEN	UE	
	18. CAUSE OF DEATI	H [Enter only one co	use per lin	e far (o), (b), and (c).]		_				INTERVAL BE	TWEEN
	PART I DEAT	WAS CAUSED BY	\mathcal{C}	eveloral	and	0550	OUS M	etast	GAL.	ONSET AND	DEATH
		MMEDIATE CAUSE (c			y- U.		2003 11	0,000		-,-4	
	Condition of		(ANGUA.		16	Ino C. T			/ O L	000
ı	Conditions, if any gave rise to im	mediate (WY CIVILLY	معر د	10	V-CLUP'				6 603
ı	cause (a), stating th)			Y					
1.	lying couse lost.	<u>)</u> (c									
	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	UT NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1	o) 19. WAS / PERFO	AUTOPSY RMED?
	5									YES 🗌	NO P
9184	PART II. OTHE	UNDERLYING CAUSE OF DEATH BEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUP	RED (Enter nature	af injury in i	Part I or Part II o	f item 18.)			
1	20c. TIME OF INJURY	Month, Day, Ye	or 20d. IN	JURY OCCURRED 20e.	PLACE OF INJURY	((Home, form	, 20f (City or t	own)	(Cou	inty)	(State)
i	20c, TIME OF INJURY Hour a.m.	19	While	Not while	factory, street, off	ice bldg., etc.	.)				
1	≨ p.m.		or work	at wark			<u> </u>	. ler			
	21 I certify that	(I) (this haspital) attend	ed the deceased fran			60, to_1	12		, that (I) (
1	saw the decease	d alive an	11 8	19.61, and tha	t death accurr	ed at Lt	M, from the	causes and	an the d	late stated	abave
1	22a. SIGNATURE	01000	B.	and the	M D PHYS	NG A	ED. ST	TAFF HYS		22:	SIGNED
1	22c PHYSICIAN'S	y an	1000	VQ CV	22d. ADI	75- 01	KECTOR LT	λA.		11	7/ 6/
	NAME (Type)	Alan Berr	steir	n, M.D.		810	7 Park	Hove	Ba	et()	<u> </u>
1	PENOVAL (Specify)	, 236 DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, town, or	county)	(Stot	e)
	BURIAL (Specify)	Nov 9/61		GREATER BAL	TIMORE LO	DDGE	BALTIN	MORE, M	ARYLAN	D	
2	24, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25o. REC'	D BY REGISTRAR	2Sb. REGIST	TRAR'S SIGN.	ATURE	
	SOL. LEVINS	ON & BROS.	INC.	6010 Reist	Road	DATE N	OV 1 3 '61	a	thun 2. 1	Kraus	



VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

124111	CERTIFICA	IE OF DEATH	1	2388
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	n: Residence before admission)
Baltimore	MARYLAND	a. STATE	b COUNTY	3
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		stride corporate limits, write RU	RAL and give nearest town)
RURA! and give nearest town) Baltimore	1 3730	Baltimor	e	1 1 1 4
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Mercy Villa-Bellona	Ave.	1031 N.	Calvert St.	YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Elizabeth	Turnbull	Shoemaker	DEATH NOV.	24 19 61
S SEX 6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOW	ED 🛱 DIVORCED 🗌	6-9-1871	90 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Nisbet Tu	rnbull	Olivia	Whitridge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Addre	SS
(Yes, no, or unknown) (If yes, give war or dotes of service)	- Re	cords of Me	rcy Villa	
18. CAUSE OF DEATH Enter only one couse per li			4	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	into a	5 at a Cl	1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	percentage for	Cumonia,	ansonie,	O MENT
DUE TO	due to po	endobutba	Rateu	6 month
Conditions, if only, which gove rise to immediate (b).	1 1			O TICHTA
cause (a), stating the under-	due to ce	rebrol ar	erioscheros	w. at least
lying cause lost) (c)			penero	8 48a1
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
5				YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort 1 or Port II of item 18.)	
20c YIME OF INJURY Manth, Day, Year 20d II Haur o.m. 19 While p.m. 19 at war		ACE OF INJURY (Home, form,		(County) (Slote)
Haur o.m. While	IAOI MIIIB	tory, street, office bldg., etc.)		
	0 0	04	CO 1/4	//
21. I certify that (I) (this hospital) attend	for II		59, to Nov.	_, 19. <u>6</u> /_, that (I) (we) last
saw the deceased alive an 1/01/1	19.0./. and that d	eath accurred at	M, fram the causes and	an the date stated above.
220 SIGNATURE	4.	ATTENDING ME	STAFF	11/25/6/- 226 DATE SIGNED
22c. PHYSICIAN'S NAME (Type) W. B. Day	riels Jr	22d. ADDRESS	Chase	St. (#2)
23a BUR.AL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, fown, or	caunty) (State)
REMOVAL (Specify) Burial 11-27-61	St. Thomas'		Garrison For	
24 FUNERAL DIRECTOR'S SIGNATURE	_ ADDRESS	~ 25o, RFC'D		RAR'S SIGNATURE
H.W. Jenkins & Sons Co.		pad NOV	2 8 '61	my & Termia
	Balto IA Mo	DATE		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . PLACE OF DEATH COUNTY b. COUNTY e. STATE the 4 Baltimore MARYLAND Maryland

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporate l'mits, by # c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .5 7 hours after Fort Howard 63 days Baltimore -18 60 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Veterans Administration Hospital 3206 Loch Raven Road papers. 3. NAME OF complete 4. DATE N DECEASED OF (Type or print) DEATH NATHAN SILBERMAN November and cor 5. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 65 (In yeers B. DATE OF BIRTH Months Januaryl5. Male White WIDOWED [DIVORCED [physician 10s. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Life Insurance Co. Baltimore, Maryland Insurance Agent 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Abraham Silberman Sarah Stern 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records VAH 3900 Loch (Yes, no, or unkown) | (Ifyes give wer or detes of service) Yes 212-01-7825 Raven Blvd. Balto 18, Md.-FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), has been signed by PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE, CHRONIC IMMEDIATE CAUSE (a) burial-transit DUE TO ARTERIOSCLEROTIC HEART DISEASE geve rise to immediate cause **DUE TO** (e), stelling the underlying cause lest. L DIRECTOR: After this certificate has should be detached for use as the the State Dear the CERTIFICATION Pulmonary Emphysema. 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Itam 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, form, 20f. (City or Iown) factory, street, office bldg., etc.) Not While Hour a.m. et work et work 22e. SIGNATURE DIRECTOR PHYS. K PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ROWAN, M.D.

INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? YES NO X (County) (State) 22b. DATE WAH, B altimore 18, Md-FORT HOWARD DIVISION . 23c NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) REMOVAL (Specify) Baltimore National Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 2100 Eutaw Flace 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Baltimore, Maryland Jack Lewis, Inc. Circling & thous

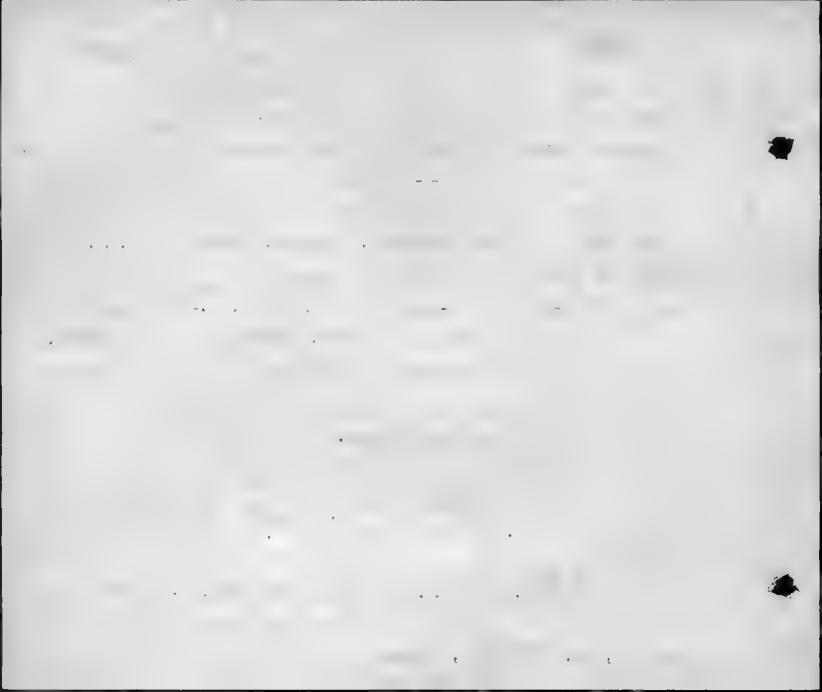
e. IS RESIDENCE ON A FARM? YES NO

19 61

Year

U.S.A.

FUNERAL Director, page 3 る音品 VR A15 (4) 15M 9/60



LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, thin 24 hours after 4 may be retained by the hospital or attending physician. It DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
L. OR ATTENDING PHYSICIAN: The law requires that the have 4 may be retained by the hospital or aftending physician. YERAL DIRECTOR: After this certificate has been signed by the attending property, page 3 should be detached for use as the burial-transit permit. The with the State Dept. of Health prior to burial, cremation, or removal
TO HOST L. OR ATTENDIS G. death. Host 4 may be retained S. TO FUNERAL DIRECTOR: A director, page 3 should be deta S. be filed with the State Dept. of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

_	12402	CERTIFICATE	JE DEATH		10000
1,	PLACE OF DEATH	., 2	USUAL RESIDEN	CE (Where deceased I vad, If ins	vitul on: Residence before admission)
	a. county Baltimore	MARYLAND	". STATE Maryland	b. COUNTY	imore
-	b. CITY OR TOWN (if outside corporate I mits,	- c, LENGTH OF STAY N 16	The same of the sa	ון אנטער If outside corporete limits, write R	
	write RURAL and give nearest town)		V = .		,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hamital a variation of a defense	d. STREET ADDRESS	lle	e. IS RESIDENCE
	. TABLE OF HOSTINE OF HIS HOUR OF HOT IN	nospitet, g va street address)	G. SIRCEI ADDRESS		ON A FARM?
	_ 4 August Ayenue	11	4 August	Avenue #28	YES NO
3.	NAME OF First DECEASED	M ddla	Last	4. DATE "Month	Dey Year
	(Type or print) Thomas	E.	Sinclair	DEATH November	25. 19 61
5.	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 18. D	ATE OF SIRTH	9. AGE (In years IF	
	Mala White woo	WED IXT DIVORCED TO OCT	ober 15 18		Aonths Days Hours Min.
10	B. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUS NESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
d-	ona during most of working lifa, even if ratirad)		4.4	,	** **
12	Retired Supervisor	Baltimore Transit	Mary Land	NAME	U. S. A
13	· (Allier a ladue	14	. MOTHER 5 MAIDEN	NAME	
	Ceorge Sinclair		Rowenna Ha		
15 [Y	. WAS DECEASED EVER N U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INF	ORMANT	Addrass	
		216-01-36 3 3 Mrs.	Jane Musac	chino la August	t Avenue
	18. CAUSE OF DEATH [Enter only one causa p			4 41-0	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY.	CORONPAY. Id	SAPI IN	1sense	ONSEL AND DEATH
	DUE TO	Shows White	CANAL OF	17 PM A C	
		PREERIU SELE	0 112000	PROA-UDSOU	1100
	I days rite to Immediate cause		AUDIO ES	TRON VIIICO	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DISERSE	- 11		
_	cause last. (c)	MELLANDERA	EMILY	SEATH	TALENTAL TO BEAUTIONS
ATION	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO BEATH BUT NOT R	ELATED TO THE TERMIN	ANT DISEASE CONDITION GIVEN	PERFORMED!
S					YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING [20b. I OR CONTRIBUTING [CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in l	Part I or Part II of Item 18.)	
핑	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
됭	20c. TIME OF INJURY Month, Day, Yeer 20			, ' 20f. (City or town)	(County) (State)
MEDICAL	at s	hila Not While lactory,	street, office bldg., atc.	1	
1	7.		1/1	10/11 - 1//16	100 (100 (10) (100) 100
	21. certify that (I) (Nais hospital) att		. / / *	4 /	
	saw the deceased alive on	6 19.6.C., and that de	eath occured a	A.M. from the causes ar	
	22a SIGNATURE	///		MED STAFF	22b, DATE SIGNED
1	-10 Um 117	-Mau M.D.		DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Typa)	7.	22d. ADDRESS		
	JOhN_11=)	4 BW M.D_	8.800.EM	MINOSIN AVE	1111-18 - Will
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City, fown	or county) (State)
	REMOVAL (Specify) Burial 11-28-61	Loudon Park Ceme	otown	Baltimore Ma	rv and
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC	D'D BY REGISTRAR 256. REGIS	
1/	1m. T Tenknesidelens 4.	Beltinas 17 m.	A. DATE NO	OV 2 8 '61	wit 2. Henry
14	VIII J. JUVIVIU THOUKU K	www.	1		· · · · · · · · · · · · · · · · · · ·



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	400	12403 CERTIFICATE OF DEATH Reg. Dist. No.
da diecto	1)	1. PLACE OF DEATH D. COUNDAILO. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of mission) D. COUNTY Balto.
uneral Id be)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) Halethrope c. LENGTH OF STAY IN 1b RURAL ond give nearest fown) Halethrope
the funeral	X	d. NAME OF HOSPITAL (If not in hospital, give street address) Of institution 4313 Washington Blvd. e. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
lled and		3. NAME OF First Middle Lost 4. DATE Month Day Year (Type or print) IDA SMITH OF DEATH NOV. 7, 161
campletely filled papers. Pages 1		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female Col. WIDOWED DIVORCED March 18, 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: loss birthday) OZ yrs. Months Days Hours Min
		10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNT NOW INDUSTRY 12. CITIZEN OF WHAT COUNT NOW INDUSTRY 13. BIRTHPLACE (State or foreign caunity)
	(T)	13. FATHER'S NAME Louis Jordon 14. MOTHER'S MAIDEN NAME Sallie Rend
B 2 2		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates or
the attending Then please re		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH IS Days
gned by t permit.] in any ev		Conditions, if ony, which gave rise to immediate couse (o), storing the under DUE TO
cian. en sie ansit		lying cause last. (c)
	0	YES NO WE OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
r this certifical for use as the cremation, or		U [IF EITHER, NOTIFY MEDICAL EXAMINER] 5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of
e haspik t: After t iched far urial, cr		21. I certify that I attended the deceased from Oct. 23rd 1961, to Nov. 7th 1961, that I lost saw the deceased live on Nov. 7th 1961, and that death occurred at 9.00PM, from the causes and on the date stated about
RECTOR IRECTOR I be deto	1	ACTUAL SIGNATURE CIT, Maloney M.D. 57 Winters Lane 10/7/61
may be replet FUNER CORE Page 3 shauld be		PHYSICIAN'S C.F. Maloney, M. Catonsville, 28, Md.
May b O FUN Page	•	220. BURIAL, CREMATION, 22b. DATE THEREOF NOv. 11/61 Mt. Auburn Com. 22d. Location (City, town, or county) Balto. Md.
VS A15 (4) 15M 9/55	1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3 22 N 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NOV 1 3 '61 Cittury 8, Thomas



ADDRESS

6067 Harford Rd.

e. IS RESIDENCE

Doys

(County)

246. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR.

DATE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO T

(Stote)

(Stote)

ON A FARM?

YES NO T

Yeor

1961

0 VS A15 (4)



12405

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Distr No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b COUNTYBALTIMORE c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO I Manth Year NOVEMBER 9. 1961 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12 CITIZEN OF WHAT COUNTRY? USA

Address

415 Potomac Ave. Zone 6 INTERVAL BETWEEN ONSET AND DEATH

YES NO N

(Stote)

2740 WAS AUTOPSY PERFORMED?

M. from the causes and on the date stated above.

22d. LOCATION (City, town, or county) (State)

> 24b. REGISTRAR'S SIGNATURE arthur S. House

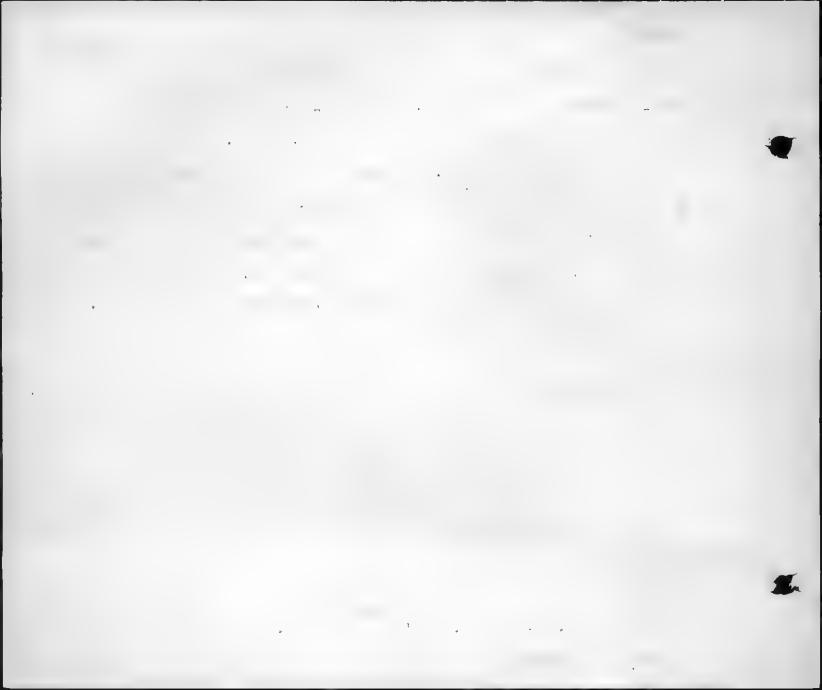
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certificate

death

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Baltimore Baltimore. (Pikesville) Bikesvi d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 3226 Smith Avenue YES NO I 3226 Smith Avenue 19 Day NAME OF Middle 4. DATE **First** Last Month Yeor DECEASED November 19,1961 10 YETTA SUSSMAN DEATH (Type or print) PEARL IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years lost birthday) Months Hours WIDOWED A DIVORCED | 3 Female. yrs. 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housewife At Home Russia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Morris Pesi ? 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address 3226 Smith Avenue Mrs. Mae GrossnoCAUSE OF DEATH [Enter only one cause positine for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART J. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 450,0 **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) **MEDICA** 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Month, 20d INJURY OCCURRED Doy, Year (Stote) foctory, street, office bldg., etc.) o. m. While Not while at wark at work p. m. 1992 (_, that (I) (we) last 21. I certify that (I) {this hospital} attended the deceased from... saw the deceased alive on , and that death accurred aN. U.s. M., from the causes and an the date stated above 226 SIGNATURE SIGNED ATTENDING PHY5 MD. DIRECTOR | 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF 23a. BURIAL, CREMATION. REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Har Zion Tifereth Israel

ADDRESS

23d. LOCATION (City, fown, or county)

Rosedale, Maryland 25b. REGISTRAR'S SIGNATURE

Sol. Levinson & Bros. Inc. 6010 Reist Road

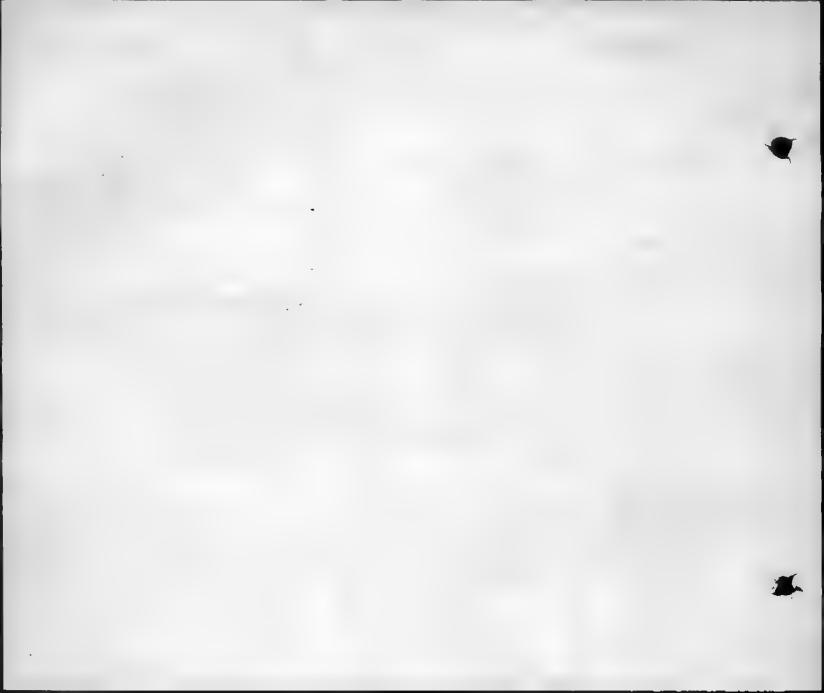
25o. REC'D BY REGISTRAR DATE OV 2 2 '61

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN lift outside corporate limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Baltimore 7 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3208 St. Lukes Lane 3208 St. Lukes Lane YES NO 3 3. NAME OF Middle Last 4. DATE Montl DECEASED OF (Type or print) K. 19 61 Mrs. Erma Thomas Nov. 10 DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Female WIDOWED IX June 1. 1892 DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired C & P Telephone Co. Cafeteria Washington Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice C. Thornberg Wm. Henry Knadler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3208"St. Lukes Lane (Yes, no, or unkown) [[Ifyesgive war or dates of service] 15-18-3836A Mr. Eugene C. Uhler, No balto. 7. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Somet with me its sur IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (6) geve tise to immediate cause DUE TO (e), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES. NO 20e ACCIDENT WAS UNDERLYING II 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20e. PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Ne Par While Not While Hour e.m. al work et work D. m 21. I certify that (I) (this hospital) attended the deceased from...... 1962... that (1) (we) last 19.6. and that death occured at AM, from the causes and on the date stated above. 22a. SIGNATURE 226. DATE ATTENDING STAFF SIGNED PHY5. DIRECTOR AA D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 8204 Liberty Rd. Balto. 7. Md. Edwin Pierpont 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Western Cemetery Baltimore. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 872 Randallstown, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 1 4 '61 arihus S. Kraus

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DIRECTOR: After this 3 should be detached for

director, be filed

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Pages

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filled in by the funeral Pages I apa 2 should rithin 24 hours after TO HOS TEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 2 death. The 4 may be retained by the hospital or attending physician.

S TO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

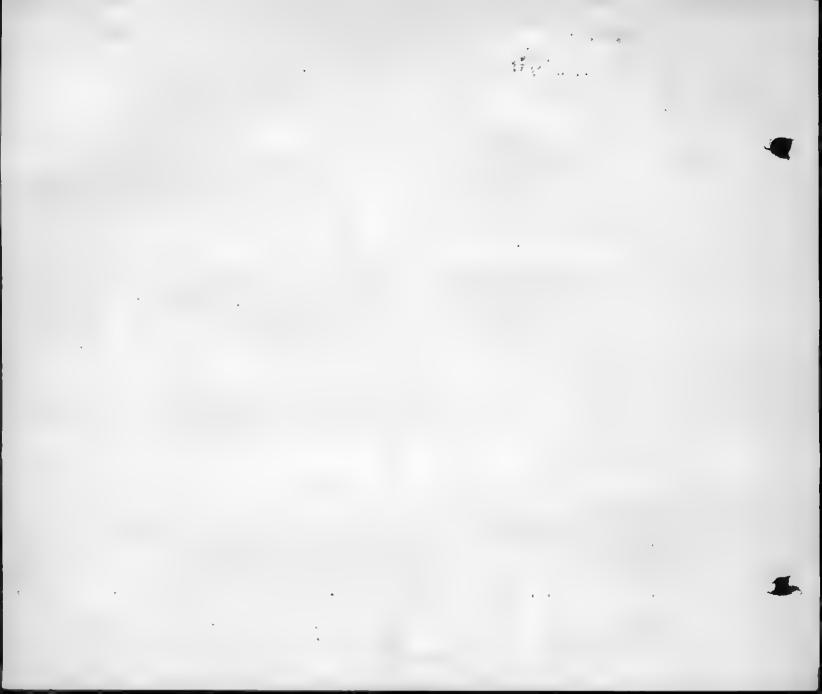
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12408 CERTIFICATE OF DEATH 12395

1.	PLACE OF DEATH			2. USUAL RESIDENCE	DE (Where deceased lived, If institution:	Residence before edmiss.on)
	Baltimore			*Maryland	b. COUNTY	
-			MARYLAND	· ·	The state of the s	
	b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c LENGTH OF STAY IN 16	c, CITY OR TOWN (II	foutside corporate limits, write RURAL er	id give Rearest town;
	Fort Howard		2 Days	Baltimore	: 17 3/	. 4
	d. NAME OF HOSPITA	L OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	Motomore Ad	winishmetan U	omital	OF IT MOON	lloh Street	YES NO
	NAME OF	ministration He	Widdle	last I	4 DATE Month	Dev Yest
) v	DECEASED		Middia		OF	
	(Type or print)	BENJAMIN		TILIMAN	DEATH November	8 19 61
5.	. SEX	S. COLOR OR RACE 7, MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER last birthdey) Months	
	Male	Negro widowi	DIVORCED	December 31,	- 000	Deys Hours Min.
	Description of the control of the		IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
"	Laborer		Steel	Wedesbor	o, N. Carolina	U. S. A.
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN I		
F	Benjamin Til	Iman		Mary Marsh		
		IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I			0
		as give wer or detes of service)	Cli	nical Record	s, VAH, Baltimore l	8, Maryland
Y	es W	W_I 21		ET HOWARD DIV	ISION	
		ATH (Enter only one cause per				ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY. PULM	ONARY EDEMA			SEV.MINUTES
	502	DUE TO		•		
	Conditions, if any,	* U COR	PULMONALE			UNKNOWN
	geve rise to immediate	(10)				
	(e), stating the und	erlying DUE TO CHRO	NIC OBSTRUCTIVE	EMPHYSEMA A	ND CHRONIC	
	ceuse lest	1-1-	CHITIS			UNKNOWN
N N	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
ATI						YES NO
CERTIFICATION	200 ACCIDENT WAS		CRIBE HOW INJURY OCCURED	. (Enter neture of injury in f	Part I or Part II of Item 18.)	
景	OR CONTRIBUTING [
-			N. (140.1 A. C. C. 140.1 A	or or tall the till	200 (6)	unty) (State)
MEDICAL	20c. TIME OF INJURY	/ Month, Day, Year 20d Whil	for all	CE OF iNJURY (Home, form ary, street, affice bldg., etc.		unty) (State)
¥	p.m.	19 et wo			1	
	21. I certify the	t (this hospital) atter	ded the deceased from	November 6	1961, to November 8, 19	61, that 31) (we) last
	enus the deceases	alive on NOV. 8.	19 67 and that	D • [[]	M, from the causes and on	
	22e. SIGNATURE	A SILVO CHAMARIA M		doutif occursor of	The state of the s	22b. DATE
	226. SIGNATURE	1			AED. STAFF	11/9/61
		roman	rahau M	D. PHYS. D	RECTOR PHYS.	11/3/01
	22c. PHYSICIAN 3 NAME (Type)				10 - HOUADD	DISTRICTON
	THOMAS	F. CRAHAN, M.D.		VAD, DALITU	.18,MD.FORT HOWARD	DTA TOTOM
23	3. BURIAL, CREMATIO	N, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown or cour	ity) (Stets)
	REMOVAL (Specify)	11-13-61	Baltimore Na	ational Cemet	ery Baltimore	28. Maryland
24	Burial FUNERAL DIRECTOR'S	SIGNATURE	ADDRESSBalto.	1	D BY REGISTRAR 256. REGISTRAR'S	
. "			e 1000 Brantle		V 2 0 '61	7
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OR STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, if institution, Residence before admission, e. COUNTY e. STATE **b. COUNTY** Baltimore Maryland MARYLAND b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 16 c CITY OR TOWN If outside corporete limits, write RURAL end give necrest town) write RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS n IS RESIDENCE ON A FARM? (formally of) 210 S. Beechfield Wright Care Home. 200 Bloomsbury Avenus YES NO Avenue NAME OF Middle DECEASED 1961 Ola DEATH November (Type or print) Pearl Tracev 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF LNDER 24 HRS. last birthday) Months White Female WIDOWED | DIVORCED [Dec. 5. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give land of work done during most of working life, even if retired) B & 0 Rail road Maryland S Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph E. Tracey Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) B. Carlton Sater Keswick Road, Baltimore No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY EREGARL UNDOULDE ACOME IMMEDIATE CAUSE (+) DUE TO Y MERIEUSIUS PARTERITS OLGANIC Conditions, if any, which deve rise to immediate cause MMRU - UPSCULAR DISENSE **DUE TO** (e), stating the underlying MULWAMARY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of I'em 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work ... 196 L. that (I) (we) last saw the deceased alive on...... 22b. DATE 22n. SIGNATURE SIGNED STAFF DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS 23c. NAME OF CEMETERY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Woodlawn Baltimore Co. Maryland Burial 25e, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Burgee Funeral Home C Thur & Trans 3631 Falls Road Dugel

funeral

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Sign

DIRECTOR

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MAR	YLAND	STATE D	DEPARTA	AENT C	F HEAI	TH
DIVISION OF S	TATISTICAL	RESEARCH A	AND RECORD	OS — BAL	TIMORE 1,	MARYLANI
	CEF	RTIFICA	TE OF	DEATI	H	

L	12412	CERTIFICATI	OF DEATH	4.0	2200
	LACE OF DEATH	2	USUAL RESIDENCE (Where d	leceased lived. If institution: Residence	e before admission)
	Balto.	MARYLAND	Md.	b. COUNTY Ba	Ito.
	CITY OR TOWN (If autside corporate limits, write RURAL and give pedrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and g	eve nearest town)
	Woodlawn			awn	An ordinalize
	NAME OF HOSPITAL (If not in hospitot, give street or INSTITUTION	oddress)	d. STREET ADDRESS	1 11	e. IS RESIDENCE ON A FARM?
_	040 / Maple	s Itve,	6407 Ma	ple Itve	YES NO I
	NAME OF DECEASED Type or print) E 1 + First	Middle		DEATH (1)	Day Year / 1961
S. :		IED ☐ NEVER MARRIED ☐ 8.	DATE OF BIRTH	9. AGE (IR years IF UNDER	
	temale white WIDOWE		arch 18, 1869		Doys Hours Min.
10a	OSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	reign country) 12. CITI	ZEN OF WHAT COUNTRY?
	Home	Home	Freeland	Me,	U.S.H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2011	
_		nan	Kachel	Kwhl	
15. (Ye	no or unknown) 🕴 (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17 INFO		Address	
_	no —	None ///	s, yec, Li	<u> </u>	
	18. CAUSE OF DEATH (Enter only one couse per lin PART I, DEATH WAS CAUSED BY		'		ONSET AND DEATH
	IMMEDIATE CAUSE (6)	ronary occlusio	<u>n</u>		12 hours
	Conditions, if any, which) (b) Ar	teriosclerotic	oondi ormanilom	diana	10 years
	gove rise to immediate (DET TOSCIET DOTC	Caronovascorar	ULBEASE	30 ,7002 5
	couse (o), stoting the <u>under</u> DUE TO (c) (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO W
CERTUFIC	200. ACCIDENT WAS UNDERLYING 206 DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port (or Port II of item 18.)	a state
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d It	1) URY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20 y, street office bldg., etc.);		County) (State)
ME	p.m. 19 of worl	k at work #	HHHHHH	************	**
	21 I certify that (!) (In) (In) (In) (In) (In) (In) (In) (In			, ta_November_, 19.6	
	saw the deceased alive an November	HI 1961 , and that dec	oth accurred at 9:45P	from the causes and an the	
	220 SIGNATURE Lining / Tito	1 - 1 M		OR STAFF	225. DATE 11/11/61
	22c. PHYSICIAN'S NAME (Type)	1/3	22d. ADDRESS 5101	Gwynn Oak Ave.	
_	Millard T. Traband, Jr			more, 7, Md.	- No In the fact the star was and the fact and an electric star and the fact and the star and the fact and the star and the fact and the star and
	BURIAL, CREMATION, 236, DATE THEREOF SEMOVAL (Specify)	ST. John	CREMATORY 23d.	lewi-reedom	Pa,
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY	7 7 104	
JZ	hn 1. Stansbury 6411	Windson [1]	ICC, DATE TOLY	Chul 18.	Kraue.

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 fm by be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs offer-death.

VR A1S (4) 15M 9/S9

after deoth. Page 4

T.

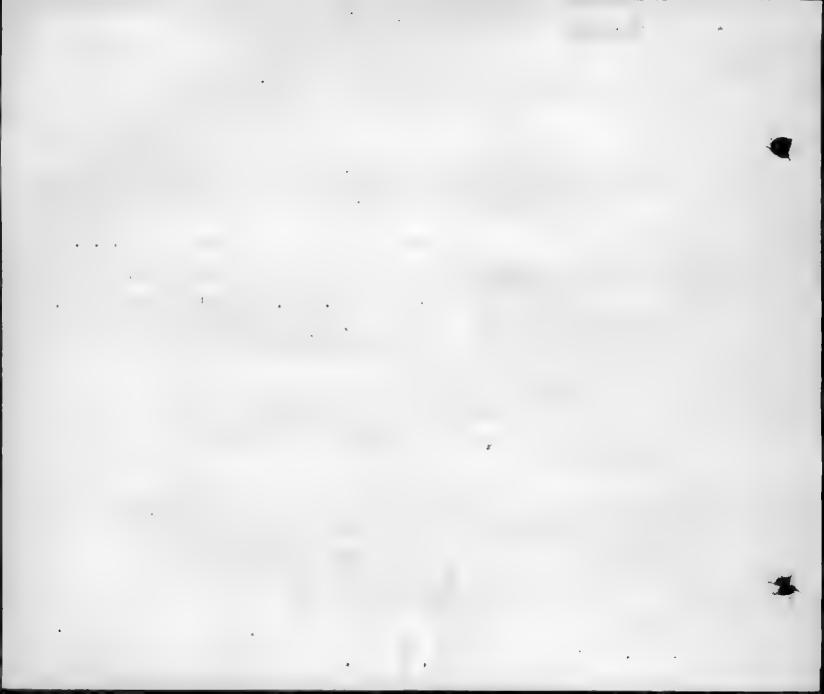
VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

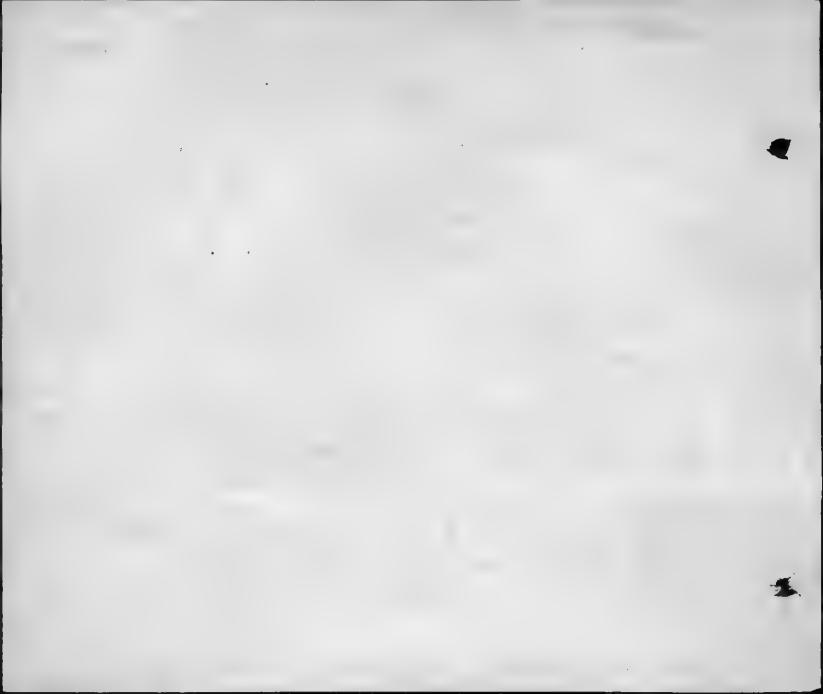
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3	* # 7	5.4	1 /
- 8	23	. 7	- (5

							Aut J. Z.E.	-
1 1	PLACE OF DEATH a. COUNTY		MARYLAND	2 USUAL RESIDENCE (W		b. COUNTY		
_		ltimore			land		altimor	
	b. CITY OR TOWN (If a RURAL and give nea	autside carparate limits, write irest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corparate l	imits, write RURAL an	id give nearest town	•)
	Towson		5 vears	X Tow	son			
	d. NAME OF HOSPITA	L (If nat in haspital, give stree		d. STREET ADDRESS			e. IS RESI	
	805 Sca	rlett Drive		805 Sca		F		. FARM? NO [7]
E					rlett D			
13	NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Manth		Year
ŀ		August	Roland	Tischinge	-4,	Novembe	DER I YEAR IF UNDE	1961
Ы.:		F 25 0 1	RRIED 🗌 NEVER MARRIED 💂	3-22-1915	J. Ai	GE (In years IF UND st birthday) Manth		Min
Æ	Male	White wibov	WED DIVORCED	7-22-1717		46 yrs		
1	Oa. USUAL OCCUPATION	N (Give kind of work done 10)	b. KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (State	or fareign country	1 12.0	CITIZEN OF WHAT C	OUNTRY
ı	Machini		Tool Making	Beltim	ore. Ma	baelwa	U.S.A.	
1	3. FATHER'S NAME		1001	14. MOTHER'S MAIDEN	NAME	- y - Later	U a U a Cl a	
L	Assessed De	1		36-17-17	9.2 1	1. 01.437		
-		bert Tischi IN U. S. ARMED FORCES? 10		NEORMANT	Lizabet	h Skillm	an	
ľ	Yes, no, or unknown) (If	Yes, give war or dales of services			TT 3	9	* 11 5	
	No		212-10-9606	Mr. Edw.	Huber,	005 Scar	<u>'lett_Dr</u>	
Г	IB. CAUSE OF DEAT	H [Enter only one cause per	line far (a), (b), and (c).]			10	INTERVAL BE	TWEEN
ı	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	aremona	1 Tram	cuerse	Calor	- Ottober Aito	
ł	152.1	DUE TO						
1	Conditions, if an	w which \						
1	gave rise la im	mediate						
	couse (a), stating the							
Ι,) (c)					100 1111	LUZORCY
1	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE COI	NDIBON GIVEN IN P	PERFO	RMED?
	5						YES 🔲	NO 🕜
	200 ACCIDENT WAS OR CONTRIBUTING [{IF EITHER, NOTIFY N	UNDERLYING 1 206 DE	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af	item 18)		
		MEDICAL EXAMINER)						
1	20c. TIME OF INJURY Haur a. m.	Month, Day, Year 20d.		LACE OF INJURY (Hame, fari		n)	(County)	(State
1	Haur a.m.	19 While	le Natwhile ^{ft} ork at work	ictary, street, affice bldg., et	c.)			
1		QI W		0 1	1- /	1/6/233	//	
	21. 1 certify that	(I) (this hospital) after	nded the deceased fram.		· F	100 30 19		
ı	saw the decease	d alive an More	27_190/ and that	death accurred at 3.1:	M, fram the	causes and an	the date stated	abave
	22a SIGNATURE	1 00 1					221	DATE SIGNED
	Wo	speeld he	Tuar_	M.D. PHYS.	AED. SI PIRECTOR PI	AFF HYS.		3101420
	22c. PHYSICIAN'S	70-1-0	MITOND	22d. ADDRESS	0 6	00 0	OR	
L	NAME (Type)	VACHICLY	IN FIRE	401 Cal	coert	74 1	ecro	
-	23a. BURIAL, CREMATION	23h DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(City, tawn, ar count	y) {State	el .
I,	REMOVAL (Specify)		~		- 3			·/
-	Burial	12-4-61	Govans Pre	sbyterian C	Olive	timore	Md	4
I.	FUNERAL DIRECTOR'S		na 4905 York	Road	'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
F	ienry W. J	enkins & So	ns Beit. 12		5'61	Ciriling 8. 1	Trace	



STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY al director, Page for your files. e. STATE **b.** COUNTY Raltimore is necessary. 1001 MARYLAND timore b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give necres) town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town 씅 iddlebourough Middlebourough Board Tay, OR INSTITUTION, I not in hospital, give street address) d STREET ADDRESS 8. IS RESIDENCE ON A FARM? Hillton relatined Stafe YES NO 3 death. NAME OF Midd e Yeer II an DECEASED ■md 3 to thm OF the Type or pro DEATH with 5. SFX COLOR OR RACE IF UNDER 1 YEAR AGE (In yeers IF UNDER 7. MARRIED NEVER MARRIED ige 5 may 1 and 2 will 72 hours a fast birthday) Months male WIDOWED DIVORCED yrs. Tils certifical should be exmuted within 24 hours after a word "manding" in beneil in Item 18. Give Pages 1, 2, 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? egi done during most of working life, even if retired) Millwright File pages Offile along with form #M3. burial-transit permit. File page. 13. FATHER'S NAME Frank Frances Kurdna Zone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordelesofservica) George L. Vanik, son, 2521 Wentworth amy 18. CAUSE OF DEATH [Enlar only one cause per-line for (e), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I DEATH WAS CAUSED BY: ROWNINI and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gave rise to immadiate cause ro Examiner's DUE TO (a), steting the underlying 95 used causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIE. 19. WAS AUTOPSY CERTIFICATION PERFORMEDS please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crems NO 208. EXTERNAL CAUSE WAS 20b. DESCRIBB HOW INJURY OCCURED, JEnter neture of Injury in Part I or Part I, of itam 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. URRDOMRO MEDICAL 20d, INJURY OCCURRED * 20e, PLACE OF INJURY (Home, farm, ' 20f., (City or town) Month, Day, Year sectory, street, office [Bidg a etc)) While Not While at work at work ahe IVRK 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry and in my opinion Suicide death resulted from: Natural causes Accident | 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or dountry REMOVAL (Specify) Baltimore, 0 ö Cem 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Funeral Circling S. Through DATE NOV 1 4 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICAT CERTIFICAT

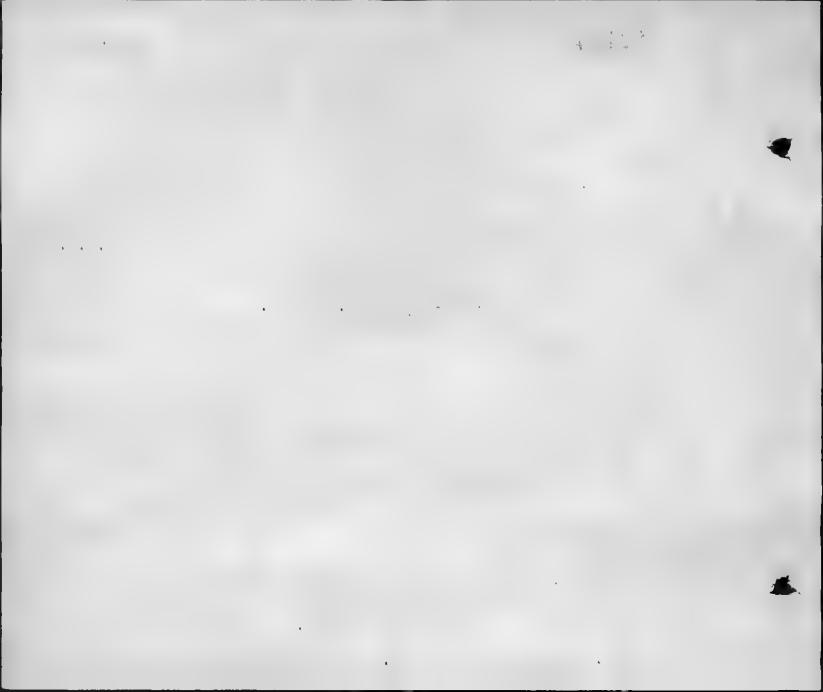
٥,	301	W.	BKF2	ION	STREET,	RATHWO	KE 1,	MAKI	LAND	
Ξ	0	FI	DEA	TH			- 1	210	11	
	0 1		er pro	DENG	P. Buch		400 1	m.		

H	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before edmission)
J	Baltimore MARYLAND	a. STATE Maruland b. COUNTY Baltimore
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outs, de corporate limits, write RURAL and give nearest town)
7	write RJRAL and give noerest town)	x Parkville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in pospitel, give street eddress)	d. STREET ADDRESS
	8230 Laurel Drive	3230 Lawrel Drive YES NO PF
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Year
	(Type or print) (harles	azzana DEATH 11 30 1967
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In years 1 F UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
	male white widowed divorced 1/1	lay 23, 1889 72 yrs.
	1De. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Y 4. BIRTIPLACE (County & State, or fore gn country) 12. C TIZEN OF WHAT COUNTRY?
1	Retired Barber	Italy U.S.A.
1	13. FATHER'S NAME	14. MOTHER S MA DEN NAME
1	Lorenzo Vazzana	Rosalie Maggione
-1	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIA. SECURITY NO 17. 1 (Yes, no, or unknown) [(Types give were or deless of service)]	NFORMANT Address
1	216-28-8799 1	irs. Mary V. Vazzana same
	18. CAUSE OF DEATH [Enter only one couse per ace (or (e), b, and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 11/
1	422,1 DUE TO	
1	Conditions, if any, which \ (b)	
1	geve rise to immediate ceuse [a), stelling the underlying DUE TO	
-1	causa last. [c]	
	PART I. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Name of the state	YES NO .
	OR CONTRIBUTING CAUSE OF DEATH	, (Enter neture of njury in Peril or Paril of item 18.)
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m., While let work et work et work	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	p.m. 19 et work et work	
1	21. I certify that (I) (this hospital) lattended the deceased from.	25 11/1 , 1901, to 3 1/1/2, 1901, that (I) (we) last
-	saw the deceased alive on 3.0 NW 19.6, and that	death occured at Z. JM., from the causes and on the date stated above.
١	22a. SIGNATU	ATTENDING MED STAFF 22b. DATE SIGNED
	A	D. PHYS. DIRECTOR PHYS.
١	22c. PHYS CYAN S NAME (Type) Unwant Cath muth	22d. ADDRESS
		OR CREMATORY 123d, LOCATION (City, Jown or county) (Stata)
	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY REMOVAL (Specify) 17 / 1/6 7	2 diameter illementand
	Burial 12/4/61 New Cathed	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE DEC 4 '61 C. Liur S. France
*	Leonard J. Kuck 5305 Hartord Kd.	DATE DEC 4 '61 C. Thur. S. Thomas

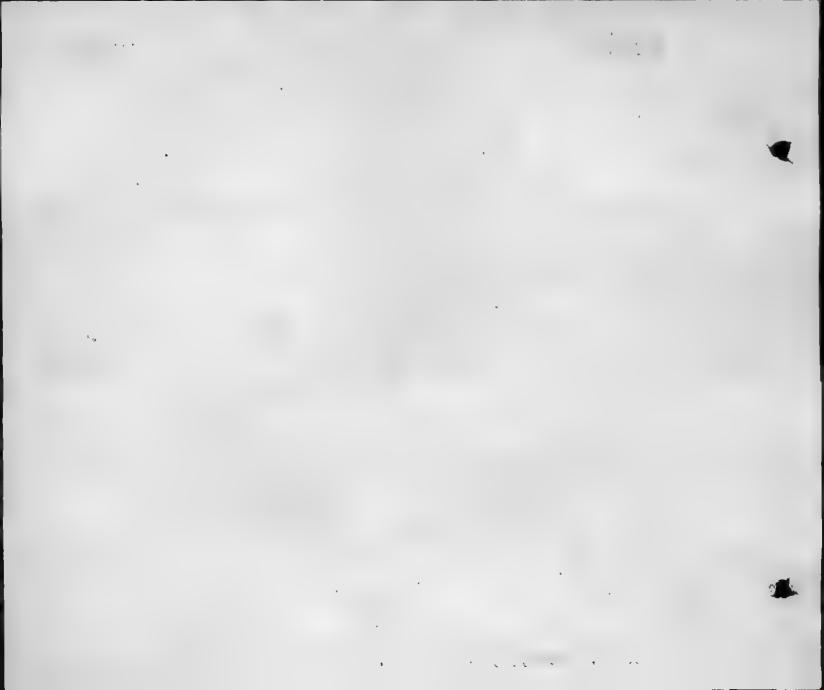
death. If M and be retained by the hospital or aftending physician.

Z a death. If M and be retained by the hospital or aftending physician.

Z TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please removeration papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. whin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed



UN	1X		MARYLAND STATE DE	PARTMENT OF HEALTH	TA MARYIAND
D 1	1. 1		19/11 CERTIFICAT	, 301 W. PRESTON STREET, BALTIMORI E OF DEATH	10100
after	<u> </u>	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if in	
4 hours		-	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16	e. STATE b. COUNT c. CITY OR TOWN (If outside corporate limits, write F	& liberal black at a com-
ithin 2	E EVI	-	Parkville 3. NAME OF HOSPITAL OR INSTITUTION (IF not in hospila, give street address) 8659 Hoerner Ave.	X Parkville	e. IS RESIDENCE ON A FARM? YES NO
executed completely	n papers. hin 72 ho		NAME OF DECEASED (Type or print) Anthony Middle Ve	Lenovsky Alehousky B DATE OF BRITIS 19. AGE (In years II	Day Year 701
ficate be	ove carbo event, wil	10	oale white widower DIVORCED USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST The during, most of working life, even if relired)	4-14-1908 53 yrs.	Months Deys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
physi	any any	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	L. J. 17.
he death	al, and is		MAJTTHEW VELENOV.5KY WAS DECEASED EVER IN J. S. ARMED FORCES 16 SOCIAL SECURITY NO 1/1. (5, no., or unkown) (lifyesg.vewerordelesofservice)	INFORMANT ANCES (LAST	NAMENOT KNOW
quires that the system.	n, or remov.		18. CAUSE OF DEATH [Enter only one cause permine for (e) (b), and (c).) PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (e) LOCALISED BY: IMMEDIATE CAUSE (e)	Adeline Vi Velenovs.	SAME INTERVAL BETWEEN ONSET AND DEATH S 12-WP.
The law restandin pi of been sign	al, crematio		Conditions, f any, which geve rise to immadiate ceuse (a), stering the underlying DUE TO	nichmonie	15 days
CIAN: pital or a fficate ha	to buri	ATION	PART : OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSI the hos this cert	a for usa	CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. Enter nature of injury in Part , or Part II of Item 18.)	
NDING ained by R: After	derache	MEDICAL	Hour s.m. While Not While af work af work	ACE OF INJURY (Home, farm, 20f. (City or Iown) clary, street, office bldg., etc.)	(County) (Stele)
R ATTE y be ret RECTO	state Dep		21. I certify that (I) (this hospital) attended the deceased from saw fine deceased alive on	at death occured at 10 M, from the causes a	and on the date stated above
TAL O	page 3 sin the S		TIPUION AND	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	11361. SIGNED
	director, 1 be filed v	23	REMOVAL (Specify)		n or county) (Slate)
YR AI	5 (4) 💉	124	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGI	MORE /// STRAR'S SIGNATURE
15M S	rleu ,	_	Leonard J. Ruck 5305 Harford Rd.	DATROV 7 '61 Cine	



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH plnoys 1m G301 I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) a. COUNTY COUNTY 12분 Baltimore Baltimore MARYLAND b. CITY OR TOWN (fouts.da corporate .imits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 ,== hours after Catonsville Catonsville Pages 8 d. NAME OF HOSPITAL OR INSTITUTION (f. not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO T 414 Forest Ave. completel 3. NAME OF Last 4. DATE Yea Midd e DECEASED OF (Type or print) DEATH 19 November John Wagner carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR F UNDER 24 HRS. 8. DATE OF BIRTH and last b rthday) Months Days Male WIDOWED K DIVORCED September please rem 10a. USUAL OCCUPATION (G ve kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (County & State, or foreign country) done during most of working life, aven it retired) National Plastic Co. Retired U.S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending pue Frank Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Koester Address Then /a/ (Yes, no, or unknwn) | (Ifyesgive war or datas of sarvice) J. Donald Wagner, Catonsville-28-Maryland the 368-09-8866 18. CAUSE OF DEATH (Enter only one cause er line for (a), (b), and (c)) þ ONSET AND DEATH none following Lagreger PART I DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending (b) gave rise to immediate cause DUE TO (a), stating the undarlying has cause last. the buris PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 98 9 NO F **020** 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) the After this 20c. TIME OF INJURY 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be retaine DIRECTOR: / 21. I certify that (I) (this nospital) attended the deceased from and that death occured and MM, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a SIGNATURE ATTENDING SIGNED PHYS LOW M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death.
O FUN
director,
be filled 23a. BURIAL, CREMATION, 23b. DATE THE EOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) <u> Lorraine Park Cemetery</u> M**ar**vland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUMERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE NOV 1 6 '61

the



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1241%

CERTIFICATE OF DEATH

Reg. Dist. No.24()4

1,	PLACE OF DEATH	Baltimore	*	MARYLA	ll.	USUAL RESIDEN O. STATE Maryl		ere deceased	d lived. If institu b. COUN		sidence be	fore admis	sion)
	b. CITY OR TOWN (If	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	11b	c. CITY OR TOV		utside corpo	rote limits, write	RURAL	ond give r	nearest tow	n)
4	Upperco	rarest town)			Baltimore City					3 V		+	
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDI			4			e. IS RE	SIDENCE
L	Benson	Mill Rd.				635 S	. Be	elnord	Ave,				FARM?
3.	NAME OF DECEASED	Fin	st	Middle		Last		4. DATE OF	M	onth		Doy	Year
	(Type or print)			WALSTON				DEATH	Nove	mber	e i	24	1961
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	☐ B. C	ATE OF BIRTH			9. AGE (In year lost birthdoy			AR IF UND	
	Male	Caucasian	WIDOWE	ED DIVORCED	- F	ebruary	16.	1877	84 y		nths Doy	s Hours	Min.
10a	USUAL OCCUPATIO			KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State	or foreign o	ountry)	1:	2.CITIZEN	OF WHAT	COUNTRY?
	Carpenter	ing me, even is remed				Maryl					U.S.	Α.,	
13.	FATHER'S NAME				l	4. MOTHER'S MA		IAME			0.00.		
	Thomas Wa	alston				1972	N-SE-VI	DECKO	77 Sol	3-11 (Carve	74	
	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	ROG	RMENT.	Jan Jan	WANT THEFT		dress	JAI VC.	<u>.</u>	
[Ye	no, or unknown] (If yes, give war or dates of s	ervice)		Ha	rry E. W	als	ton, 1	202 Cul	vert	Rd.	Tou:	son 4
	1B. CAUSE OF DEA	TH [Enter only one co		ne for (a), (b), and (c)]							LIN	NTERVAL BI NSET AND	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	CI	ARCINON	IAT	0515		PROST	TATIC)			NSEI ANL	DEATH
	1 >	DUE TO										6 /	W 74.
	Conditions, if or	av. which \										(?)
	gove rise to immediate												
	couse (o), stoling to lying couse lost.	the under-											
z		FR SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H RUT NO	T RELATED TO TH	F TERMII	NAL DISEAS	F CONDITION C	MANUEL IN	J PAPT ((a)	19 WAS	AHTOPSY
CATIO	AR	TERIOSCL				DISEAS		14. D. 31.7.3	L COMBINOIT C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* AK - (0)	PERFO YES	DRMED?
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	LURRED. (I	inter nature of in	jury in P	Port I or Por	t II of item 1B.)				
₹ S	20c TIME OF INJURY	Y Month, Day, Yea	r 20d II	NJURY OCCURRED 2		OF INJURY (Hom			or town)		[Count	ly)	(Stote)
MEDICAL	Hour o.m. p.m.	19	While of worl	k Ot work	foctory	r, street, office blo	dg., etc.						
	21. 1 certify the	at Lattended the	deceas	ed fram FES	eu Al	1 1960 1	o N	OVERUE	ER 106	that	Llasts	aw the c	decensed
	alive an No			6./, and that d						•			
	dive dil 3 E			erell, and mar o	iedili de	Corred de			treet, city or tow				TE SIGNED
	ACTUAL SIGNATURE	arttun	L. =	Seften	M.D	-819 Pa				·		10/	24/61
	PHYSICIAN'S NAME (Type)	Carlton L.	Sexto	on, M.D.									
220	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR CI	REMATORY		22d. LOCA	TION (City, town	, or cou	unty)	[Sto	te)
	REMOVAL (Specify)	11-27-61		Fairmount	Ceme	terv		Pri	ncess A	nne	Mam	ซไลทส์	
23	FUNERAL DIRECTOR'S			ADDRESS	- Onto		a. REC'l	D BY REGIST			C'S SIGNAT		
777	Inich Franc	omol Ferre	Bol+	imore, Marv]	nnd.	DA	ATE NO) 2 7 '	61 (Zillin	1 8. 16	Alle	
D'	THE RESIDENCE	ar or trome,	با طله ال	THOLE Mala	Lautu_	107	***						

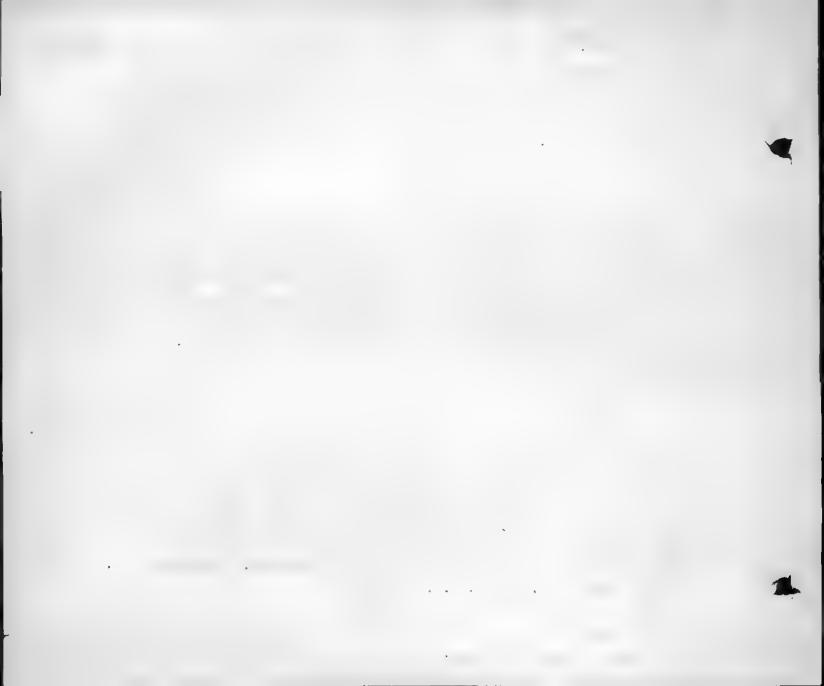
by the funeral directar, I 2 should be filed with may be ned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Pages 1 page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. the registror priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to

TO HOSP!

g after death. Page 4



Illed in by the funeral Pages 1 and 2 should within 24 hours after TO HOS ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. \$\frac{2}{3} \text{death}\$. By 4 may be retained by the hospital or attending physician. \$\frac{2}{3} \text{TO FUNESAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and complete \text{\text{Iled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 in each with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOS?

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
12418 CERTIFICATE OF DEATH
12405

-1		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
¥	Baltimore MARY	LAND STATE Md. b. COUNTY POR I + LIN A - P.
Λ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA	, , , , , , , , , , , , , , , , , , , ,
	write RURAL and give nearest town)	
-}	Dundalk	X Dundalk
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	
	3404 Sollers Point Rd.	3404 Sollers Point Rd. YES NOTE
	3. NAME OF First Middle	Last 4 DATE Month Day Your
-	(Type or print) Roland (tanks	u Walter DEATH 11 29 1961
	Nocara Skarce	dev
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Days Hours Min.
	male white widowed Divorce	
	100. USUAL OCCUPAT ON (G.ve kind of work 10b, KIND OF BUSINESS OF	INDUSTRY : PRTHE ACE County & State or fore or country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life; even if retired) Locomotive (ng. Nailroad	1 /4 / 1
- [13. FATHER'S NAME	Maruland UST
	an and the state of the state o	
	Martin L. Walter	Sadie E. Henderson
4	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY N [Yas, no, or unknown] [[Hyeszivewerordetesofeervice]	O. 17. INFORMANT Address
	ues WW 2 216161428	Henry L. Walter same
	18. CAUSE OF DEATH [Enler only one cause per ine for (a), (b), and (INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Hant Ruse are ONSET AND DEATHY
1	IMMEDIATE CAUSE (a) _ COTO MUSE	712001 10
-	420.) DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate couse [a), stating the underlying DJETO	
	cause lest. (c)	
		H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200 ACCIDENT WAS UNDERLY NG 2Db DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH ILL THERE, NOTIFY MEDICAL EXAMINER!	PERFORMED? YES NO P
	208 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY	OCCURED, (En er nature of in ury in Pert i or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	OCCORD, (III of hards of in all) in roll (of roll is of rolls to)
		2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	Hour a.m. While Not While	
	21. certify that (i) (this hespital) attended the decease	d from Get 1 195 70 Nov 29, 196, that (1) (m) last
		and that death occured at A. from the causes and on the date stated above,
	22e, SIGNATURE	22b. DATE
1	226, SIGNATURE	ATTENDING MED. STAFF 201 SIGNED
	THE THORE	M.D. PHYS DIRECTOR PHYS. POLICY 6/
	PAME (Type)	22d. ADDRESS 3KINSMIRKO
	14051.1.101.12011	Dungal R22, NO
		EMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 12-4-61 Baltimo	re National Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	[Company of Parkand 1	Rd. DATE DEC 4 '61 Chillen S. Kraus
	Leonara J. Nuck 5305 Hackora	DATE DEL 4



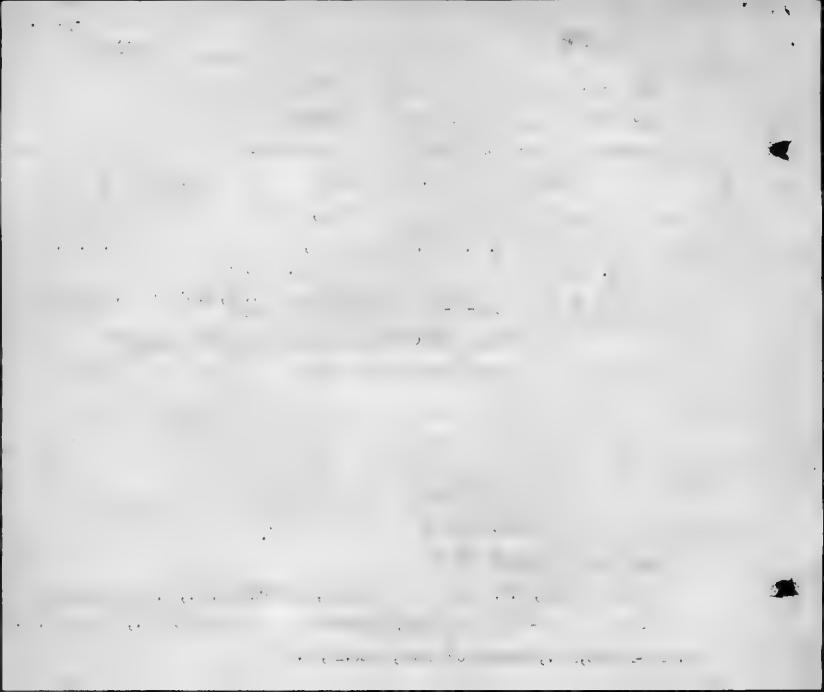
AND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased fived, if institutions Residence Sefere edimission) I. PLACE OF DEATH Page a. COUNTY files. Tealth, is necessary, MARYLAND b. CITY OR TOWN (if outside corporate amits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? WOODROW retained State YES NO V 3 to the fu. 3. NAME OF First Middle DATE Day Year DECEASED the NDREW (Type or print) DEATH 19 2 RACE 17. MARRIED IN NEVER MARRIED 9. AGE (In years 11F UNDER 1 YEAR | IF UNDER 24 HRS. may last birthday) and Hours WIDOWED T DIVORCED ın. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages 1, pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) , (Ifyesgivawarordatesofservica) Office slong with burial-transit perm in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN .5 ONSET AND DEATH PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) removal, **DUE TO** Conditions, if any, which (b) gava rise to immediate cause S O DUE TO (a), steting the underlying Examiner ĸ Ö cause lest. nsed (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 e-cute the certificate, writing the word NO F Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | ute the certificate, notice to be forwarded to the Chief M. e forwarded to the Chief M. e forwarded to the control of the cont CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f., (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 THE MAN AND THE DEPLITY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION. LOCATION (City, lown, or country) (State) 40 VS. AISME 5M 7/59



. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH Film G3() 1/61 iwk

2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before agmission) funeral PLACE OF DEATH a. COUNTY Maryland b. COUNTY by the Raltimore MARYLAND b. CITY OR TOWN (at puls de corporete limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Days Raltimore .⊆ Fort Howard Pages e. IS RESIDENCE Pell d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) ON A FARM? IA YES NO 504 Orkney Road Veterans Administration Hospital papers. complete 3. NAME OF DATE Month Year N DECEASED DEATH (Type or print) 1963 GEORGE H. WARVEL November 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years I IF UNDER 1 YEAR | 15 UNDER 24 HRS. B. DATE OF BIRTH carbon last birthday) and 66 WIDOWED [DIVORCED White USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. U. S. Govt.Postal Darke, Ohio Rural Mail Carrier MOTHER'S MAIDEN NAME Rhoda E. Winters William A. Warvel aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland Yes (Yes, no, or unkown) (Ifyesgive way or dates of service) FORT HOWARD DIVISION INTERVAL BETWEEN 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c), i ONSET AND DEATH PART I, DEATH WAS CAUSED BY: RECENT AND OLD POSTOLATERAL MYOCARDIAL INFARCTIONS IMMEDIATE CAUSE (a) Signed DUE TO CORONARY THROMBOSIS RECENT Conditions, if any, which (b) has been gave rise to immediate cause DUE TO (a), staling the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.3) 19. WAS AUTOPSY PERFORMED? YES TE NO 🗔 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of Item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State) 2De. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work DIRECTOR: 21. [certify that X(I) (this hospital) attended the deceased from November...16 161..., toNovember/16 1961, that (X) (we) last saw the deceased alive on November 21 1961..., and that death occurred at..., from the causes and on the date stated above. 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 27c. PHYSICIAN'S SEBASTIAN RUSSO, M.D. VAH BALTIMORE 18 MD FT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation Greenmount Ave., Baltimore, Md. Greenmount Crematory る寺の 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Wm. Cook-Blight, Inc., 6009 Harford Road, Balto. 14, Mbare NOV 2 7'61 Stilling S. Flines 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS
CERTIFICAT W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH em 23b. Film G302 12 1 lm G302 12/4/61 ivik
2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outs'de corporeta limits, C. LENGTH OF STAY IN 16 c. City OR TOWN (If outs de corporata limits, write RURAL and give neerest town) write RURAL and give neerest town) Fort Howard 30 Davs Baltimore ... d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 788 West Mulberry YES 🔲 NO 📮 Veterans Administration Hospital 4. DATE Year DECEASED OF (Type or print) JAMES DEATH N. WASHINGTON 19 67 November 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF JNDER 1 YEAR) IF UNDER 24 HRS lest birthday) Months Deys Makes WIDOWED DIVORCED Male Negro 10e. USUAL OCCUPATION IG ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A. Laborer Laundry John Washington Hannah Goodman 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOC AL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland FORT HOWARD DIVISION Yes WW I 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CONGESTIVE HEART FAILURE RECENT IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if env. which UNKNOWN geve rise to Immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.01 19. WAS AUTOPSY PERFORMED? HEMORRHAGE, PROSTATE DUE TO CHRONIC PROSTATITIS NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) 20a, ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that X) (this hospital) attended the deceased from October, 25., 1961, to November 24, 61, that (14 (we) last saw the deceased alive on Nov. 24 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF MED DIRECTOR PHYS PHYS. HWECIAN'S 22d. ADDRESS NAME (Type) VAH, BALTIMORE 18, MD. FT. HOWARD DIVISION CRAHAN. THOMAS 1 23c. NAME OF CEMETERY OF CREMATORY 23d, LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEE OF REMOVAL (Specify) Baltimore 28, Maryland Baltimore National Cem. Buri al 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jackson Funeral Home, Inc., 916 Penna. Av., Balto. DATE NOV 27'61

Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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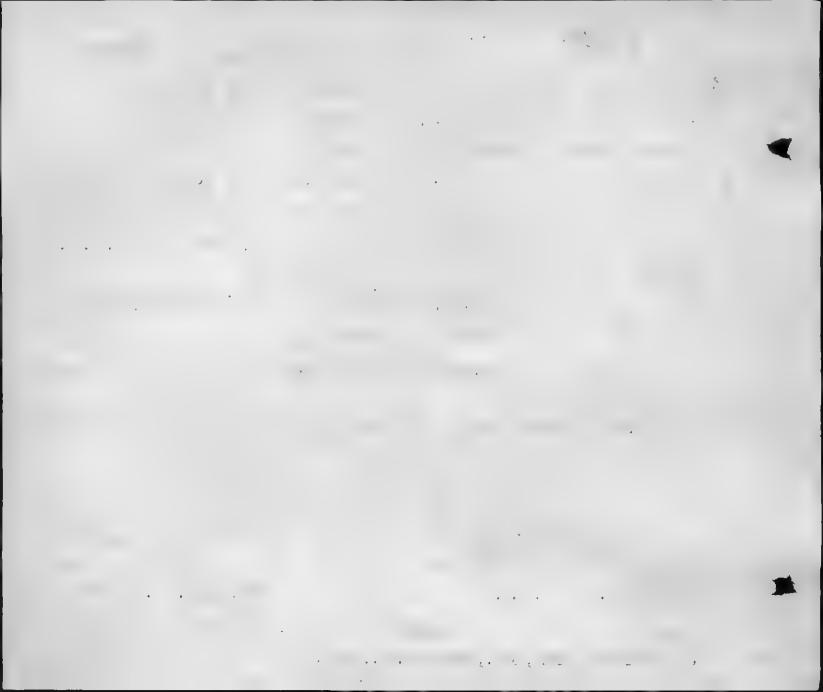
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TO HOSPITAL OR ATTENDING INTESICIAN: The law requires that the dmith certificate be exmusted within 24 hours after a death. If A may be retained by the hospital or attending physician.

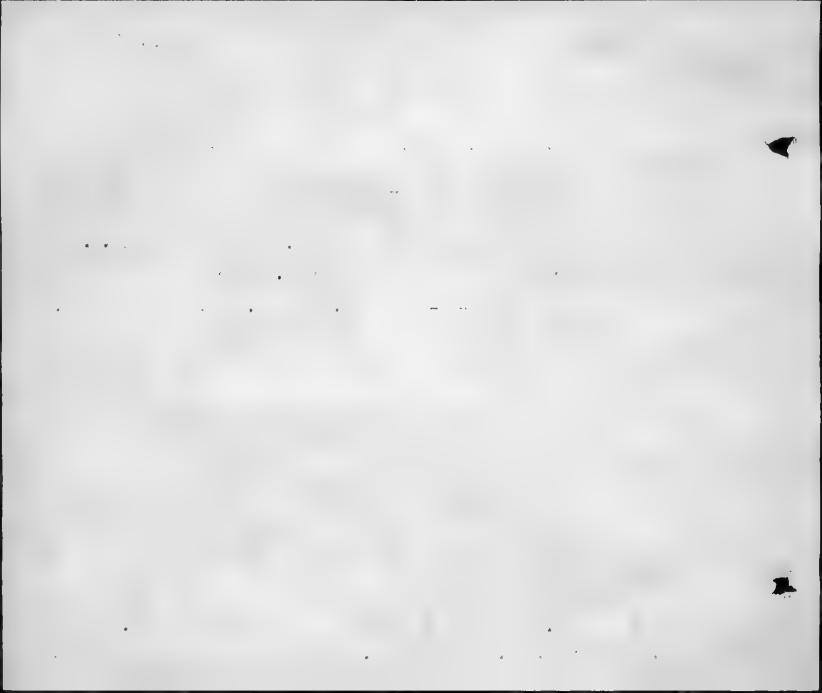
TO FUNERAL DIRECTOR: After this confificant has been signed by the attending physician and completely alled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove curbon pagers. Pages I and 2 should be director, page 3 should be defacted for use as the burial-transit permit. Then please remove curbon pagers. Pages I and 2 should be director, page 3 should be defacted for use as the burial, cremation, or manoval, and in any event, within 72 hours after death.

15M 9/00

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12422 CERTIFICATE OF DEATH 12403

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm.ssion)
7	o. county Baltimore Maryland	Maryland Baltimore
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16.	c. CITY OR TOWN (If guitside corporate I m ts, write RURAL and give neerest town)
	write RURAL end give neerest town) TOWSON	Towson
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
1	123 Willow Ave. Towson, 4, Md.	123 Willow Ave. Towson, 4, Md YES NO X
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
Н	(Type or print) CHARLES F	OF
	CHRITING	MIN THE TO IT OF
	Ma Ta	last birthdey) Months Days Hours Min.
	The state of the s	/18/83 78 yrs. 111. BIRTHPLACE (County & State, or localing country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	
	Carpenter Construction	Penna. U.Sala
		14. MOTHER'S MAIDEN NAME
	Michael Weaver	Mary E. French
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgive were relates of service)	
		Mrs.Louise B.Hawk, 123 Willow Ave. 4
	18. CAUSE OF DEATH [Enter only one cours payline for (e), (b), end (c)]	INTERVAL BETWEEN ONSET AND, DEATH
	PART I. DEATH WAS CAUSED BY. (MMEDIATE CAUSE (6) CONDY	1 Occ 10510n Sudden
	4201 DUE TO (V).	10-
		Hyleriosclerosis 10 mm
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	THE SAME	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINER!	(Enter nature of injury in Pert I or Part Ic of Item 18)
	U	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour e.m. While Not While st work at work	,
1	21. I certify that (I) (this hospital) attended the deceased from (2 C / 1959 to NO 1/8 196 (that (1) (we) last
	saw the deceased alive on NOV 6 19.61, and that	death occured at A. M. from the causes and on the date stated above.
	220. SIGNATURE	22b. DATE
	Marilent Dermell m	D. PHYS. DIRECTOR PHYS.
	222. PHYSICIAN'S	22d. ADDRESS
	CHARLES F. O'DONNEll, M.D	2501 YORK KLAD
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Nov.22/61 Price Ceme	tery Waynesboro, Pa.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Wm.Cook-Towson, Inc. 1050 York Rd	· 4 DATE NOV 2 1 '61 Cother & Kings



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MEDICAL CERTIFICATION

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MARYL	AND STATE DEPAR			
12421)	CERTIFICATE O		124	10
PLACE OF DEATH	2.	USUAL RESIDENCE (Whater		ence before adm ssion)
Baltimere	MARYLAND	a. STATE Maryland	b. COUNTY Balti	Mere
b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		porata limits, write RURAL and give	e neerest town)
Resement d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	Resement d street Address		a. IS RESIDENCE ON A FARM?
2807 Leuisiana Ave.	M ddle	2807 Leuisian	Ave.	YES NO
OECEASED (Typa or pr.ni) Martha Helen	Weinelt	OF DEAT	H New 29	19 61
SEX 6. COLOR OR RACE 7. MARRIE		TE OF BIRTH	Nev 28	R, IF UNDER 24 HRS.
Female White WIDOWE	D DIVORCED MAY	12, 1908	1 foreign country 12. CITIZEN	Hours Min,
ne during most of working life, even if retired)	-			
Housewife I	None	Mary land MOTHER'S MAIDEN NAME	<u>U.</u>	S
Guetav Meyn		Anna Hanf		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (Ifyesgivewarordalesofservice)	SOCIAL SECURITY NO. 17 INFO	RMANT	Address	
_ No		enry J. Weinelt	Same	1
18. CAUSE OF DEATH [Enter only one couse per I	ne for (a,, (b), and (c).)	1 , 0	/	NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	nerekized the	tomunat cercu	new alours	5 ชพอร_
DUE TO	Prince	to undo ten	munoch	
Conditions, if any, which (b)	1 service y			
gave rise to immediate cause (a), steting the underlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASI	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING [] 206. DEST OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED, (End	er natura of injury in Pert I or Part	II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I While all world world world with all world wor	Not While fectory, I	F INJURY (Home, farm, 20f. (Ci	ly or lown) (County)	{Stete}
21. I certify that (I) (this hospital) attend	ted the deceased from 72	Becuris 13, 1950, 10	Mary 41, 28, 1961,	that (1) (ave) last
saw the deceased alive on hoceruft		A ,	m the causes and on the	
22e. SIGNATURE	A STATE OF THE COL	in occurred browning to	ill tild change died die lild	22b. DATE
(William osst	Constant, M.O.	ATTENDING MED. PHYS. X DIRECTOR	STAFF PHYS. No	v. 29, 1961
22c. PHYSICIAN'S NAME (Typa) G. Arthur Res:	sherg	2436 Washingt	en Blvd.	
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	REMATORY 23d. LO	CATION (City, town or county)	(State)
Burial Dec. 1, 1961	Cedar Hill Cemet	ery Ritc	hie Huy A. A. Co	Md
MINERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGI	STRAR 256, REGISTRAR'S SIGN	ATURE
fines to court	001 Ritchie Hwy.	(25) DATE DEC 4 '	61 Carling & H	inuc
George W. Gence				



TO HOSPEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after of death. PLA 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral of director, page 3 should be detached for use as the burial-transit mimit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ш				TO A A	
IJ	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de	ceesed lived, if institution: Residence	ce before admession)
1	Baltimore	MARYLAND	* Maryland	b, C00I411	V
	b. CITY OR TOWN (if outs da corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. C TY OR TOWN (If outside corpo	prete I mits, write RURAL and give r	neerest town)
, [Catonsville	5yr9mth4ays	Baltimore	i ij.	
4	d. NAME OF HOSPITAL OR INSTITUTION (if no	in hospitel, give street eddress)	d STREET ADDRESS	h Y .	e. IS RESIDENCE
	SPRING GROVE STATE	HOSPITAL	301 South Mount	Street	YES NO
	3. NAME OF Fast	Middle	Last 4. DATE	Month Dey	Yeer
Н	(Type or print) Johanna	1	Vever DEATH	NOV. 19	19 🗳 📗
	5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED . 8	DATE OF BIRTH		IF UNDER 24 HRS.
		DOWED TO DIVORCED	July 23, 1879	82 yrs. Months Days	Hours Min.
1	1De. JSUAL OCCUPAT ON (G ve kind of work	106, KIND OF BUSINESS OR NOJSTR	Y 11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZEN O	F WHAT COUNTRY?
1	done during most of working life, even if ratired) Salesman	saleswork	Laryland	y. S.	Α.
	13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAME		
1	Charles Seidenitz		Augusta Kraus		
ŀ	15. WAS DECEASED EVER IN J.S. ARMED FORCES?	16. SOCIAL SECUR TY NO. 17. I		Ad drass	_
	(Yes, no, or unkown) (lifyesgivewerordatesofservic		ords: SPR_NG GRO	E STATE HOSEL	TAT
	IB. CAUSE OF DEATH (Enter only one cause		olds: blishe eno		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	Por en en en i		ОИ	SET AND DEATH
	IMMEDIATE CAUSE (a)		-		_
	DUE TO				
1	Conditions, if any, which (b)				
	(a), sletting the underlying DUETO				
1	ceuse lest. (c)			and the same of th	
	PART I. OTHER SIGN FICANT CONDITION ATLEIG CON 206. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE FITHER, NOTIFY MEDICAL EXAMINER)		-A .	OND HON GIVEN IN PART I(B) T	PERFORMED?
	3 Arlens, Can	dis-Vaccular			res 🔲 NO 🖳
	206. ACC DENT WAS JNDERLYING 201	5. DESCRIBE HOW INJURY OCCURED.	(Enter netura of injury in Pert I or Pert I	of item 18.)	
- 1					
	20c. TIME OF IN;URY Month, Day, Year Hour e.m.	20d, INJURY OCCURRED : 20e, PLA	CE OF INJURY (Home, ferm, 20f. (City ory, street, affice bldg., etc.)	or town) (County)	(Stelle)
	p.m. 19	at work at work			
	21. I certify that Of (this hospital)	attended the deceased from F	eb. 13, 19 46 to	NOV. 19 1961, H	hat (I) (we) last
1	saw the deceased alive on	9 and that	death occured a AM, from	the causes and on the da	ite stated above.
-1	226 SIGNATURE	1	ATTEND NG MED.	STAFF	22b. DATE SIGNED
1	trilla 6	tan, M.D. M	D. PHYS. DIRECTOR	STAFF 11-14	1-61
	22c. PHYS.C AN'S NAME (Type)	d a co	22d. ADDRESS SPRI G	GROVE STAIR HO	SPITAL
	NAME (TYPO) LORETTA	ASU	Catonsv	ille 28, Narylan	d
	23a. BURIAL, CREMATION, 23b DATE THEREOF	23E. NAME OF CEMETERY		ATION (City, fown or county)	(State)
	Eurist 11/22/61	Loudon Par!	k Cemety. Bal	to.Md.	
	24 FUNERAL DIRECTOR'S SIGNATURE	ondson Ave Bal	250, REC'D BY REGIST	RAR 256, REGISTRAR'S SIGNAT	TURE
	WITZKE F.D. 4101 Edm	owdson ave, Ball	DATNOV 2 4 '61	C. Ihur S. turner	4
2					



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

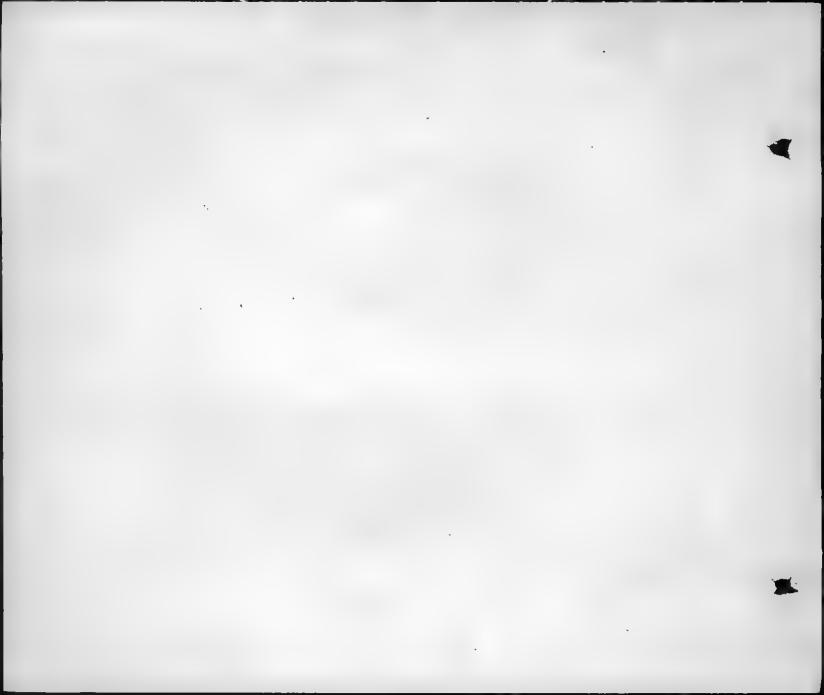
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1	40	4	- 8	Buch

)	1 P	LACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Wireflow COUNTY
	b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Realization 5 months dallimore
	d	NAME OF HOSPITAL (If not in hospitol, give street oddress)
	/	Bent Newsing Home- Careyand Lanvale Sta VES NO ST
	D	MAME OF PIECE ASED SARAH Middle WINDRE OF DEATH Revember 5 1961
	5.5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH Colored WIDOWED DIVORCED NOTE NOT DIVORCED NOT DIV
	10a.	USUAL OCCUPATION (Give kind of wdrk done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
	13. [FATHER'S NAME 14. MOTHER'S MAIDEN NAME
}		unknown GALLCUAY unknown
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes,	no, or unknown) (If yes, give wor or dates of service)
		18. CAUSE OF DEATH [Enter only one couse pgs/line for (o), (b), and (c).]
	ш	PART I DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (0) Congestive ofense Vaillie Motorie Motorie
		DUE TO ATT
	П	Conditions, if only, which) (b) Urllewoodleson - Generalized / Bara
	Н	gove rise to immediate
		lying couse lost.
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
	CERTIFICATION	PERFORMED? YES \(\sqrt{NO} \) NO \(\sqrt{NO} \)
		20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	ᇛ	Haur o, m. While Not while factory, street, office bldg, etc.)
	~	
		21 I certify that (1) (this hospital) attended the deceased from fluly 30, 1964, to Illustrature 2, 1964, that (1) (we) last
		saw the deceased alive an leverified 4.194, and that death occurred at 1974, from the causes and an the date stated above
		220 PIGNATURE D MOV 1 1 226 DATE
		Warence & M Williams MD PHYS MED DIRECTOR - STAFF November 5 196
		22c PHYSICIAN'S NAME (Type). 11. V
		BURIA., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d LOCATION (City, Iown, or county) / (Sign)
	-	TREMOVAL (Specify) At 10 1 At 11 1
	2.1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE
1	24	ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
	1	The same of the sa

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be or and by the hospital or attending physician.

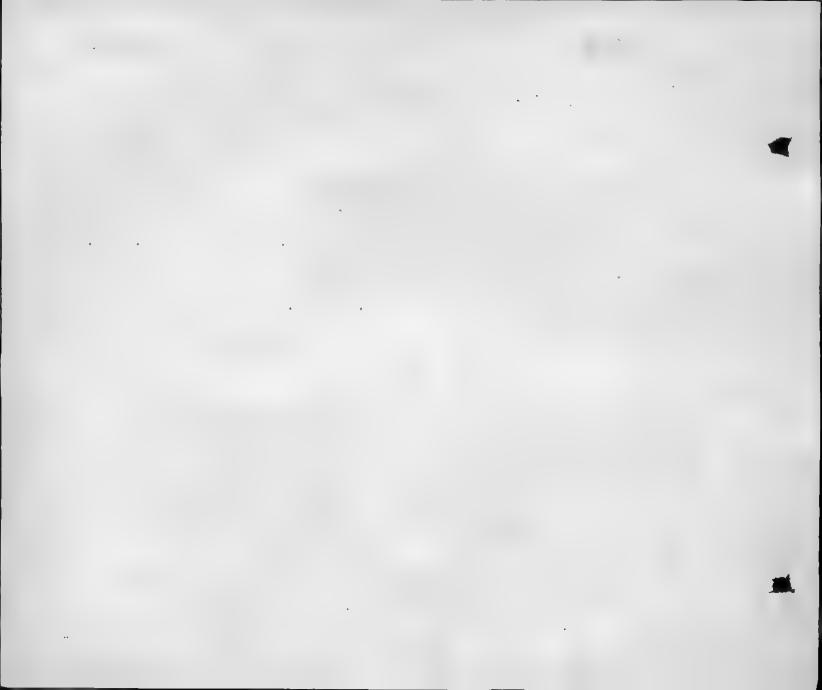
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND R ECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY e. STATE b. COUNTY Baltimore the d 2 MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete I mits, write RURA» end give neerest town) by write RURAL and give neerest town Timonium 2 Timonium Pages ed hours aft d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Aylesbury Road YES NO Aylesbury Road papers. completel 3. NAME OF Frest Midd e I not DATE Month Year DECEASED OF (Type or print) DEATH 19 November Alice 61 Young carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. pue lest birthdey) Months Days Hours White Female WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work Гетпоуе 10b. K ND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Retired School Teacher Baltimore, Mary Land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ||iease ⊆ altending Francis M. Young and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO., 17, INFORMANT Then Address (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) ova No Mr. Frank E. Pennock-L Aylesbury Road an. 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (+) Signed burial-transit DUE TO Conditions, if any, which peen geve rise to immediate cause (a), stating the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS TONTE BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY certificate PERFORMED? hospital Se 0 NO USB prior 205. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH for the After this detached 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, ; 2Df. (City or fown) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. et work et work DIRECTOR 19..... to 12.00 (ma) last 8 19.6..., and that death occured all. 4.6 M, from the causes and on the date stated above. plnoys the deceased alive on... 22b. DATE ATTENDING SIGNATURE STAFF SIGNED DIRECTOR PHYS. M.D FRAL. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed death. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) 0 Cremation Green Mount Crematory Raltimore Maryland ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cinhur & Three

the



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	18

	12427	I		CERTIFIC	ΑTI	E OF DEA	\TH			Reg. Di	ist. N§.	24	1.4		
1.	PLACE OF DEATH d. COUNTY Ba.	Ltimore		MARYLAND	2,	USUAL RESIDENCE o STATE Maryla		re deceased	d lived If institution b. COUNTY		nce befor		on)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eastpoint						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eastpoint									
	OR INSTITUTION	At (If not in hospitol, g Berkshire F		oddress)	1	d. STREET ADDRES		hire	Rd.				DENCE FARM?		
3.	NAME OF DECEASED (Type or print)	Audrey	st M	Middle Young		Last		4. DATE OF DEATH	Novembe:		Da	•	Year 19 61		
	F F	6 COLOR OR RACE	WIDOWE		I	ate of Birth			last birthday) 38 yrs.	Months	Doys	IF UNDE Hours	R 24 HRS Min		
	At 1	N (Give kind of work of ing life, even if retired)	iane 10b.	KIND OF BUSINESS OR INDI		Matyl	and	l	ountry)	12 CIT	USA	WHATC	OUNTRY		
		Milchling				. MOTHER'S MAID									
	No (R IN U. S. ARMED FOR If yes, give war or dates of st	ervice)	F		Young	7 44	O Ber	Addr <u>kshire Ro</u>	_					
_	Conditions, if or gave rise to in couse (a), stoting I lying couse last.	n mediate DUE TO	h	alvie Ca	ر د (care	<i>د</i> ن		-0		ONS	AND	DEATH		
CERTIFICATION	20g ACCIDENT WA	5 UNDERLYING []		ONTRIBUTING TO DEATH BU						EN IN PAR	RT 1(o) 11	PERFOI YES	RMED?		
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER	While at work	Nat while for at wark	actory,	OF INJURY (Hame, street, office bldg.	, etc.)	00/	61	hat I la		stated			
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	B.W.)0 C	60D	M.D.	2900	Ø	twee	and Du	-do	lh 2	l 11-	11-6		

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial
Nov. 13, 1961 Balto. National Cem
23 FUNERAL DIRECTOR'S SIGNATURE
ADDRESS

Baltimore, Md.

Ullrich Funeral Home

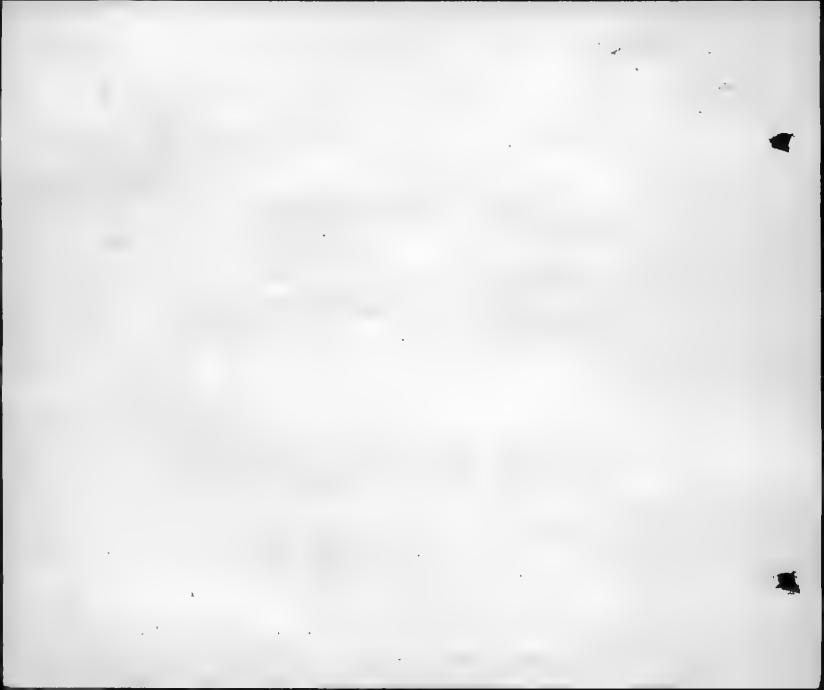
22d. LOCATION (City, town, or county)

tional Cem. Baltimore, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATENOV 1 4 '61 C. thur S. Kraus

YS A1S (4) 1SM 9/2



TO He. CLU OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Thin 24 hours after the death of may be retained by the hospital or attending physician.

S TO FURBAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within IL Trans after death.

MARYLAND STATE DEPARTMENT OF HEALTH

12428 CERTIFICATE	OF DEATH
1. PLACE OF DEATH ** COUNTY IMORE Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Ball Culfiore Catonsville 75 years 4 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Spring Grove State Hospital	d. street address 4. Is residence On a farm? YES \[NO \[\]
3. NAME OF First Middle DECEASED (Type or print) Rudolph	Zinober 4. DATE Month Day Year Zinober 26 19 61
Male White WIDOWED DIVORCED	October 1894 9. AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS.
done during most of working life, even if ratired)	Russia United States
(Yes no or unknown) (thesaive waterdales of service)	INFORMANT Dert Zinober 3400 Oakfield Ave. Baltimore
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which (b) Infarctive myocard (b) Arteriosclerotic (c)	cardiovascular disease
САПО	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part I or Part II of Itam 18.)
	ACE OF INJURY (Home, farm, 204, (City or town) (County) (Stata) lory, street, office bldg., etc.)
21. I certify that (this hospital) attended the deceased from saw the deceased alive on	death occured at
out a	ATTENDING MED. STAFF PHYS. 11-27-61
Stella Wachsler, M. D.	Gatonsville 28, Maryland
1 course 1 1 1 1 1 1 1 1 1	Dalto Med. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Liek Lewis on 2105 Ellas	PL DAMOV 2 19 '61 Chilling - 18 Harris

M Eucle Present and the state of t

TO HOSPIT

VR A15 (4) 15M 9/59

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1, (PLACE OF DEATH D. COUNTY	Bal timore	9	MARYL	AND	2. USUAL RESIDER		here decease	ed lived. If institu E. COUNT	ry .	ne Ar		1	
	CITY OR TOWN (IF RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TO	WN (If	autside carp	orate limits, write	RURAL	and give ne	arest tawe	n)	
		tonsville		Lyr9mth		Riveria	Bea	ch, M	d.		122	x.2		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?								
	SPRING	ROVE STAT	E H	OSPITAL		Kenw	ood	Hall :	Road				NO 🗌	
3.	NAME OF	Fir	31	Middle		Last		4. DATE	M	anth	De	ау	Year	
	(Type or print)	Alice		Almira		Zittle		DEATH	Nove	mber	r 28		1961	
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B	DATE OF BIRTH			9. AGE (In year	rs IF U1	NDER I YEAR	1		
fe	emale	white	WIDOW	ED T DIVORCED		Feb. 9	, 18	385	76 Y		nths Doys	Hours	Min.	
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if relired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	E (State	or foreign	country)	13	2. CITIZEN O	F WHAT	OUNTRY	
	housewife		'			Mar	ylan	nd			U.	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN I	NAME						
	James	R. Stran				Sabi	na F	rince						
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT			Ac	ddress				
	nown	il yes, give wat or earlier or s	.	nknown	Re	cords:a	SPRI	NG G	ROVE STA	TE	HOSPI	TAL		
	18. CAUSE OF DEA	TH Enter only one co	use per li	ne for (a), (b), and (c).]							INT	ERVAL BE	TWEEN	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c) Acute congestive heart failure													
	V	DUE TO						2		7.2				
	Canditians, if an gave rise to in	nmediate		terioscleroi	ile	neart dis	ease	e due	to gene	rall	zea			
	couse (a), stoting the under DUE TO													
z	lying couse last.	FR SIGNIFICANT CON)	4		7	LIE TEDAL	IINIAI DISEA	SE CONDITION C	SIVENI IN	A PART 1/01	10 WAS	ALIYOPSY	
ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Obesitar													
CERTIFICATION	ODESITY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH													
MEDICAL	County) State) Gallon County (State)													
	21. I certify that (I) (this haspital) attended the deceased fram. Feb. 28 1957 to Nov. 28, 1961, that (I) (we) last													
	saw the deceased alive an Nov. 28 19 61, and that death accurred at M, from the causes and an the date stated above.													
9	226. SIGNATURE SULLA WALLELL M.D. ATTENDING MED. STAFF SIGNED													
	22c. PHYSTCIAN'S NAME (Type)	STELLP	TY	lachsle	1	22d. ADDRESS	5	PRING	GROVE	STA	ATE H	OSPI	TAL	
236	BURIAL (REMATIO REMOVAL (Specify)	N, 23b. DATE THERE	OF /6	23c. NAME OF CENTER	ERY OR	CREMATORY 4/17 O			Salta	the latest terms to the latest terms term terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms term terms to the latest terms to the latest terms terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms to the latest terms terms terms to the la		(Sta	te)	
24.	FUNERAL DIRECTOR	S SIGNATURE	6	ADDRESS L	2,			DEC 1			S SIGNATU			

All and the late of the late of